

**AN EXPLORATION OF MENSTRUATION HYGIENE MANAGEMENT AMONG
HIGH SCHOOL LEARNERS: THE CASE OF FEZEKA HIGH SCHOOL,
GUGULETHU**

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A Research project presented for the approval of Senate in fulfillment of part of the requirements for the degree of Master's in Social Development in approved courses and a minor dissertation.

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DEDICATION

I dedicate this research project to God. He is my everything and an ever-present helper in time of need.

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ACRONYMS

ACMHM	The African Coalition for Menstrual Health Management
CAPS	Curriculum and Assessment Policy Statement
CRC	Convention on the Rights of the Child
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
EBSCO	Elton B. Stephens Company
GNP	Gross National Product
ICESCR	International Covenant on Economic, Social and Cultural Rights
MHM	Menstruation Hygiene Management
SAHRC	South African Human Rights Commission
SASA	South African Schools Act
SDG	Sustainable Development Goals
SDPF	Sanitary Digital Policy Framework
SLTS	School led Total Sanitation
PMS	Premenstrual syndrome
UNCF	United Nations Children's Foundation
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund
VAT	Value Added Tax
WASH	Water, Sanitation and Health
WHO	World Health Organization

ABSTRACT

Menstruation is an issue of great importance. Today, despite menstruation being a natural process, it affects the education of girls. A qualitative study was conducted in Gugulethu, where face to face interviews were conducted with nineteen girls from Fezeka High school. The purpose of the study was to explore menstruation hygiene management among high school learners. Specifically, the study explored the experience of menstruation hygiene, the challenges faced during menstruation, coping mechanisms during menstruation and the support system available for menstruating girls.

The study adopted a qualitative design because such an approach helps in examining a phenomenon from the subject's perspective. The findings established that girls knew about menstruation before the first onset. A mother or grandmother was a commonly mentioned source of information on menstruation. The study further showed that most girls use sanitary materials supplied by a mother or guardian, during menstruation. It showed that challenges that girls experienced include: emotional changes; physical discomfort (stomach cramps, tiredness, and loss of appetite); public shame; changes in social interactions and inadequate sanitation hygiene facilities.

Additionally, the study showed that most girls still attend school during menstruation. The girls coped by wearing many clothes to prevent leaks; constantly checking their skirts; sitting differently on the chairs and taking medication to relieve menstrual pain. Friends were also found to help in alleviating the challenges faced by the girls; they were the main social support system for girls during menstruation. However, while school attendance was maintained, class participation was shown to be affected because of discomfort and menstrual pains. Based on the research findings, the study concluded that there is inadequate sanitation and hygiene for girls to comfortably change sanitary materials and there is a lack of communication on menstrual hygiene management between the girls and their teachers. As such, integrating menstruation hygiene management in the curriculum and providing for appropriate facilities to ensure privacy is recommended.

CHAPTER ONE

1.1. Introduction

Menstruation is a biological as well as a social justice issue in South Africa (Jesse, 2018). It causes girls to miss school for a number of days in a month because it poses challenges in managing it (Chikulo, 2015). Most girls, especially those from disadvantaged backgrounds lack access to decent sanitation facilities and sanitary materials, therefore menstruation also impacts their wellbeing and dignity. There are a number of efforts by the South African government to improve menstruation hygiene management. Some of these efforts include the inclusion of menstruation lessons in the Life Orientation curriculum in schools (Kgware, 2016) and the provision of sanitary materials to school girls (Department of Women, 2017). Despite these efforts, menstrual hygiene management remains a challenge amongst female learners, especially in disadvantaged communities. This research examined how girls manage and cope with menstruation in the school context.

The paper has five chapters. The first chapter sets out the study context and the research objectives; the second chapter presents the review of literature on menstruation management; the third chapter focuses on the methodology of the study; chapter four presents the research findings and lastly chapter five, sets out the conclusion and recommendations.

This chapter provides a background to the research. It sets out the problem context and the rationale of the study. Thereafter, it explains the aim of the study, the main research questions, and the objectives.

1.2. Statement Of The Problem

Menstruation is a natural occurrence for women and girls (UNICEF, 2019). Its onset is a significant stage in girls' lives, marking the transition from childhood to womanhood (McMahon, et al., 2011). The onset of menstruation is accompanied by physical development and increased social pressure for girls to transition to adulthood. Importantly also, menstruation brings with it certain hygienic requirements that call for basic necessities such as appropriate sanitary materials and access to water and sanitation in order to effectively manage it (McMahon, et al., 2011).

According to Tingle & Vora (2018), despite being a monthly biological event, menstruation is linked to education and socio-economic development globally. This is because it presents challenges to girls' dignity: restricting their movement, freedom, and participation in different spheres of life (UNICEF, 2019). For example, girls miss 3-4 days of school per month during menstruation (Sommer, 2009; Kirk & Sommer, 2006). This is due to concerns about the lack of necessities such as sanitary materials, lack of adequate hygiene sanitary facilities, lack of access to water for cleaning, and a lack of privacy across Sub-Saharan Africa schools (Montgomery et al., 2012). Specifically, in South Africa, girls from historically disadvantaged communities and those from informal settlements have limited access to sanitary products and decent sanitation facilities (Padmanabhanunni & Fennie, 2017). This makes it challenging for them to handle their menstruation because it creates an inappropriate environment for menstruation management and puts girls at risk of social and health outcomes (Vishna, Nabwera, Sosseh, Jallow, Comma, Keita and Torondel, 2019).

There are several organizations, institutions, and programs at the global, regional and national levels that help improve menstruation hygiene management for girls. The African Coalition for Menstrual Health Management (ACMHM), is one example of regional efforts in improving menstruation hygiene management. ACMHN is a coalition of people, groups, and institutions that work together in strengthening the coordination of the efforts by different individuals, organizations and countries in addressing issues of menstruation health in Africa (ACMHM, 2019). In addition, there have also been efforts by both international and national organizations, in different countries to prevent girls from missing school during menstruation. The World Bank works in 260 schools in Ghana, ensuring access to sanitation infrastructure as well as hygiene education (World Bank, 2018). Some organizations have focused on introducing Sanitation and Health (WASH) interventions in schools, which include provision of sanitation facilities to enhance girls' menstruation hygiene management. Others have focused on ensuring that girls have access to sanitary products (Birdthistle, 2011). Thus, in Zambia for instance, there is the "School led Total Sanitation (SLTS) program, which aims at promoting improved sanitation and hygiene infrastructures in rural schools (Chinyama et al. 2019).

In 2012, the Kenyan primary school Minister provided funds (Sh2. Billion) towards the improvement in menstruation hygiene management in primary schools. These funds were granted to ensure that girls have access to sanitary towels (Jewitt and Ryley, 2013). Even more, in South Africa, a program called “Always Keeping Girls in School” was introduced in 2011, (United Nations, 2015). The program targets underprivileged school girls who lack access to proper sanitary materials. It includes educational talks with girls, aimed at encouraging them to attend and stay in school (United Nations, 2015). Additionally, the South African Minister of Finance, Tito Mboweni removed the Value Added Tax (VAT) on sanitary materials, in October 2018 (Sunday Independent online, 2019). These, among others, are the efforts made by the South African government in promoting access to sanitary materials by women and girls.

The importance of ensuring better sanitation and access to sanitary materials to learners cannot be overemphasized. It would ensure gender equality in education, long-term health, and economic outcomes. It is therefore important that the girls’ sexual and reproductive health is prioritized in social policymaking processes (Montgomery et al., 2012). Further, an improvement in girls’ access to sanitary materials and hygienic sanitation facilities would help in the achievement of the Sustainable Development Goals (2030), such as good health and wellbeing (SDG 3); inclusive and equitable education (SDG 4); gender equality and women’s empowerment (SDG 5) and clean water and sanitation (SDG 6) (Ssewanyana & Bitanhirwe, 2017).

Research that explores how girls manage menstruation in the school setting is therefore important. Currently, studies that are specific to the issue of menstruation and wellbeing exist. Most of them have been quantitative and focused on investigating how menstruation affects girls’ school attendance (Mwenemeru, 2006; Kirk and Sommer, 2006; Scott et al, 2009; Montgomery et al., 2012; Atieno, 2007; Birdthistle et al., 2011; Miiro et al., 2018; Grant et al., 2013; Jewitt and Ryley, 2013; WaterAid, 2009; Kgwere, 2016 and Daniels, 2016). However, there has been minimal attention given to how girls cope and manage menstruation in Western Cape, South Africa. This study aims to fill this gap. The focus of this paper will be on getting an in-depth understanding of how girls experience menstruation hygiene management in the school context. Unlike other studies, which were mostly quantitative, this study will take a different direction; it will employ a qualitative design and it will focus on secondary school girls.

1.3. Rationale and Significance of the Study

Women and girls spend most of their lives menstruating and yet, most girls, especially in poor communities', lack basic sanitary materials and sanitation facilities (Hennegan et al., 2018).

This lack forces them to stay at home so that they can avoid shame and humiliation. Failure to understand and address these factors that compromise girls' dignity, self-esteem, and school performance, may negatively impact on long term investments made in educating girls. It is crucial to understand how girls manage menstruation and how they navigate through it in the school environment because such an understanding would help inform policies on sanitation, education, and health (Jewitt and Rylel, 2013). Adding on, it would raise awareness on the issue in the school and community and help in identifying sustainable options to ensuring good menstrual hygiene management.

This study aims to fill in any knowledge gaps in this area thereby contributing to existing literature. The study results may also provide a basis for future research.

1.4. Research Topic

An explorative study of menstruation hygiene management amongst high school learners; the case of Fezeka High School in Gugulethu township.

1.5. Main Research Questions

The following are the research questions:

- What are the experiences of girls in managing menstruation?
- What are the challenges that girls face in managing menstruation?
- How do girls cope with the challenges associated with menstruation?
- What support services are available for girls during menstruation?

1.6. Research Objectives

- To explore girls' experience of menstruation management in the school context.
- To examine the challenges faced during menstruation.

- To explore mechanisms put in place to cope with menstruation.
- To investigate support services available at school and home for menstruating girls.

1.7. Main Assumptions

The researcher's assumption was that menstruation hygiene management is problematic especially for girls from disadvantaged backgrounds. This is because they lack access to sanitary materials and better sanitation facilities (World Bank, 2018). This poses challenges in different aspects of girls' lives, such as school, participation in community activities and the way the girls perceive themselves.

1.8. Clarification of Terms

1.8.1. Menstruation

UNFPA (2018) defines menstruation as the flow of blood and tissue lining of the uterus through the vagina. McMahon et al (2011), defines it as the monthly shedding of the uterine lining and outwardly visible part of a girl's menstrual cycle. Generally, menstruation occurs monthly; however, the duration varies among women, with some taking longer than others. The standard time period, however, is between 3 to 7 days, making it 52 days of the year (McMahon et al, 2011). Menstruation begins at different ages for different girls and when it happens, menstrual hygiene becomes very crucial in their day to day life (Lahme et al, 2018). Koff & Rierdan (1995) states that menstruation is a type of experience that is impossible for girls to be sufficiently prepared for, characterized by stress and the occurrence of mixed feelings when it occurs.

1.8.2. Menarche

UNICEF (2019) defines menarche as the time a girl experiences her first menstruation. It is an indication of the start of the reproductive phase in women (La Marca-Ghaemmaghami & Ehlert, 2015). Menarche occurs at different ages in girls, ranging from 8 to 14 years, based on factors such as the environment and socio-economic circumstances (Ameade & Garti, 2016). According to La Marca-Ghaemmaghami and Ehlert (2015), apart from social and economic factors, menarche is largely determined by genetic factors, eating patterns, physical training, and body fat composition.

1.8.3. Menstruation Hygiene Management

Menstrual Hygiene management means the practical strategies that girls use in handling menstruation. They include taking care of one's body during menstruation and the way girls access, use and dispose of menstrual materials (Rosenberg, 2015). According to UN Women (2015), menstruation hygiene management is perceived as a complex phenomenon, which includes interrelated issues such as personal hygiene and sanitation, education, the environment, health, water supply, and gender. These issues may vary based on culture, location and personal factors. Menstrual hygiene is either good or bad. The World Health Organization (WHO) and the United Nations Children's Foundation (UNICEF) define good MHM in terms of the use of clean menstrual materials; access to soap, water, and disposal facilities for the used menstrual materials (Simavi, 2018). Bad menstruation hygiene management includes- unavailability of clean menstrual absorbents and lack of proper facilities for the disposal of used sanitary materials. Important to note is that, there are several international human rights treaties that speak to menstruation hygiene management, namely, 'The Convention on the Rights of the Child (CRC)' and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (UNICEF, 2019).

1.8.4. Menstrual Practices

These are defined as the menstrual narratives and menstrual etiquette that characterize menstrual experiences (PERIOD, 2017). Menstrual practices are also perceived as different hygiene measures that people take in order to improve menstrual health (Simavi, 2018). There are good menstruation practices and bad ones. Some examples of good menstrual practices include; changing menstrual pads frequently and having clean and adequate sanitary materials. Bad menstrual practices include staying with a used pad for a long period and inserting unclean materials into the vagina (Simavi, 2018).

1.8.5. Period Poverty

Period poverty is a worldwide problem (Tull, 2019). It refers to a lack of access to sanitary products, menstrual hygiene education, toilets, and waste management facilities as a result of a lack of money (Tull, 2019).

Women deal with period poverty by using makeshift products such as pieces of cloth. Period poverty may impact negatively on educational and career progress of girls and women by leading to school absenteeism (Parray, 2019).

1.9. Ethical Considerations

Ethics are defined as a set of moral principles suggested by an individual or a group that offer rules and behavior expectations about correct conduct in research (De Vos et al, 2005, cited in Munro (2011)). Research ethics draw on several principles, namely, voluntary participation, anonymity, confidentiality, informed consent, avoidance of harm, not using deception, debriefing respondents and publication of findings (Creswell, 2014). This study adhered to ethical considerations because the researcher recognizes that data should never be obtained at the expense of the wellbeing of participants.

1.9.1. Informed Consent

Informed consent is about a person knowing about the study and giving his or her consent to participate voluntarily (Mantzorou and Fouka, 2011). Participants can make informed decisions to take part in a study if they are informed of the risks and benefits that are likely to come with the research. The researcher provided information on the aims, nature, the potential harm of the study, as well as the procedure to be followed (such as the length of the interview and how the information would be used and stored) to the girls.

Before the study began, the researcher also made the participants aware of their right to withdraw (Des Vos et al. 2005). Upon understanding and agreeing to take part in the study, each participant signed a consent form (Babbie & Rubin, 2011). One 17-year-old girl took part in the study. Since the participant is below 18 years old, the researcher was meant to get consent from her parents or guardians. Due to the inability of the researcher to get in contact with the parent, consent was sought from the school's principal and life skills teacher.

The researcher got permission to conduct the study from the school principal. The researcher sent a letter to the school, expressing an interest in conducting research at the school.

After two weeks, the researcher followed up by visiting the school to meet the school principal in person and explain the nature of the research. The Principal asked for a formal letter from the Social Development department explaining the nature of the study, which she later sent to the relevant authorities in her department. Apart from obtaining permission from the school principal, the researcher also obtained the approval of ethics from the Social Development department, Research Review board.

1.9.2. Confidentiality and Anonymity

The issue of confidentiality and anonymity is related to respect for dignity (Mantzorou & Fouka, 2011). Confidentiality is defined as the protection of the participants' identities and keeping their responses private (by not disclosing them to others) (Mantzorou & Fouka, 2011). In this study, the information provided was not disclosed to anyone except to the supervisor, anonymously, and utilized only for the purposes for which it was intended, which is academic in nature. Anonymity is ensured when the participants' identities are not revealed and when it is impossible to tell who gave a particular response (Babbie and Rubin, 2011). The researcher ensured anonymity by removing and replacing participants' names with pseudo names so that a response could not be traced back to a person (Babbie & Rubin, 2011).

1.9.3. Avoidance of Harm

The harm done to research participants can be physical or emotional. According to De Vos et al, (2005), in a qualitative study, harm to respondents is usually psychological or emotional in nature. Babbie and Rubin (2011) state that researchers should become aware of the ways in which research participants can be harmed and guard against them. In this study, the researcher extracted personal and sensitive information only if it was crucial for the research goals. When participants were not willing to talk about an issue, they were not forced to. This was done to prevent them from experiencing any negative emotions that might have arisen from talking about unpleasant experiences of menstruation (DeVos et al., 2005).

1.9.4. Use of Deception

In using deception, the researcher withholds information about the study and his/her identity so that participants do not know that they are being studied (Israel & Hay, 2011). Use of deception (participants are given false information about a study) may be applicable to other contexts and nature of the study, for instance, in cases where the findings of the study might be jeopardized if participants know that they are being studied (Israel & Hay, 2011). Nevertheless, it violates informed consent (Babbie & Rubin, 2011). This is because participants do not have adequate information about the study and the potential risks to agree to participate voluntarily. This is unethical. In this study, the researcher avoided the use of deception to prevent a violation of the right for participants to participate willingly in the study (Babbie and Mouton, 2007). She gave the participants accurate information about the study and made it clear to them that it is for academic purposes to avoid raising false expectations.

1.9.5. Respect for Privacy

Mantzorou and Fouka (2011) define privacy as the freedom given to participants to determine the time of the study and the extent to which they can share private information. It also entails the right to limit access to some parts of one's life, for example, withholding some sensitive information (Whelan, 2007). The researcher ensured privacy by telling the participants that they were free to give or withhold information if they wanted to. The nature of the study was not disclosed to the whole school. Only the participants and the school administration knew about the study. The study was conducted at the school. The interviews were conducted privately, in a boardroom, away from the rest of the students who were not aware of the study. This enhanced the private nature of the interview process, thereby, ensuring privacy.

1.9.6. Debriefing Respondents

The participants were given an opportunity to reflect on their experience of the study and the concerns they had after the study (Kelly & Lavrakas, 2011). At the end of each interview, the participants provided feedback, asked questions and expressed how they felt about the study.

Participants expressed their feelings of shyness before the interview and then being free and comfortable to talk about their experience in the course of the interviews.

1.9.7. Release of Findings

The study findings were compiled in a report. The report included all the necessary information for the readers to understand (Des Vos et al., 2005). The report was presented in a descriptive and narrative manner, explaining the experiences of menstruation hygiene management (Cresswell, 2014). The researcher ensured that the report is accurate and clear. The researcher also gave recognition to the different authors from which relevant information was obtained by providing citations. The report was submitted to the Department of Social Development.

1.10. Conclusion

This chapter provided an understanding of the statement of the problem, evidence of challenges that school girls face during menstruating on a global as well as African level. It also described the rationale of the study, its aims, and main objectives. Concepts such as menstruation and menstruation hygiene management were clarified.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter discusses the issues surrounding menstruation in the global context and in the African context. It does so by firstly, outlining the literature from other related studies. Literature draws on both local and international research since there are not enough studies conducted in South Africa. Secondly, it sets out the theoretical frameworks relevant to the study - Amartya Sen's Capabilities Approach and the Social Development model and how they relate to the subject matter. Lastly, it sets out the major policies/legislation linked to the study.

2.2. Review Of Literature

2.2.1. Menstruation

Menstruation is an intensely experienced event worldwide (McMahon et al. 2011). However, many girls around the world find it challenging to manage it in a dignified way (Mwenemeru, 2006). Factors such as gender inequality, cultural beliefs, and poverty, hinder girls from realizing their menstrual health needs (UNICEF, 2019). This is reflected in the lack of access to adequate sanitary materials and a lack of adequate hygiene sanitary facilities (Miir, et al., 2018). In India, for example, only 12% of menstruating girls have access to sanitary materials. The majority use other alternatives such as rags and sawdust (Parray, 2019). This is also the reality of girls in the Sub Saharan region, where they live without basic services such as washing facilities and are unable to access sanitary materials due to poverty. A good example is that of Kenya, where 1 in 10 girls lack sanitary materials and the schools lack girl friendly and clean sanitation facilities (Ssewanyana & Bitanihirwe, 2017). Due to this lack of sanitary materials, girls experience challenges in handling their menstruation and in going about their day to day activities (Hewitt, 2016). Such lack causes girls to stay at home because of the shame and embarrassment that they feel. In many instances, it also results in sexual activities by girls in order to find money to buy sanitary materials.

Further, it also affects girls' school attendance and performance (Dolan, Ryus, Dopson, Montgomery & Scott, 2013). In the long-term, menstruation actually results in the limitation of girls' economic progress (Philipps - Howard et al., 2016).

Apart from the lack of basic necessities in handling menstruation, girls often experience stigma associated with menstruation. Such stigma is based on religious or cultural norms (Tingle & Vora, 2018). The subject of menstruation is perceived as a taboo and often ignored in most families and societies (Kirk & Sommer, 2006). Many girls, therefore, reach menarche without becoming aware of it (Boosey and Wilson, 2016). The secrecy around menstruation is prevalent worldwide and, in most communities, there are social norms and practices that determine how to interact with menstruating girls (Sommer et al., 2015). In India, menstruation is perceived as something that makes girls and women unclean (Kirk & Sommer, 2006). In Bangladesh, people see menstrual blood as a form of pollution (Tjon A Ten, 2007). When girls are menstruating, they are perceived as untouchable and are not permitted to touch anything in the kitchen. In western Uganda also, girls that are menstruating do not drink milk because they believe that this would affect cow's milk production (Tjon A Ten, 2007).

According to Johnson-Robledo & Chrisler (2013), menstruation is something to be hidden and therefore women go to greater lengths to conceal it. Because sanitary materials such as pads or tampons are made so small, they can easily be hidden in a small purse. It is consequently, not possible to tell when someone is menstruating unless they experience menstrual leaks (Johnson-Robledo & Chrisler, 2013). Keeping one's menstruation experience hidden from other people, however, becomes easier when there are adequate sanitary materials, guidance on handling menstruation, accessible water, and hygiene facilities than where there is a lack of these (Sommer et al. 2015). This negative attitude towards menstruation, however, results in negative implications for women and girls. It may affect how they perceive themselves, and it may also result in feelings of inferiority, powerlessness, and embarrassment (Parray, 2019). Importantly also, it may result in disregard by the family and community, in providing for the practical menstrual needs of the girls (Kirk & Sommer, 2006).

2.2.2. Menstruation, Shame, and Embarrassment

In the school setting, menstruation may lead to humiliation, shame, and embarrassment. Some girls experience shame when they start menstruation early and are seen as engaging in sexual behavior (Mwenemeru, 2013). This affects their self-esteem, consequently, impacting their involvement in different school activities. Girls also experience fear, and shyness when they experience menstrual leaks (Basyal, 2016). These feelings usually come in when they are laughed at by boys or being stigmatized by peers. To avoid embarrassment, girls ask their friends to walk behind them so that they prevent other people from seeing menstrual leaks on their clothing (Basyal, 2016).

McMahon et al (2011), collected data from six rural schools in one of the Provinces of Kenya to explore how school girls manage their menstruation. The study employed both focus groups and in-depth interviews with 48 primary school girls and 9 teachers. The study findings indicated that most girls experienced fear, shame, and confusion when menstruating (McMahon et al., 2011). The respondents also indicated that they felt shy to mix with others when menstruating. Similarly, in a study by Upashe, Tekelab & Mekonnen (2015) in Ethiopia, the findings revealed that girls are shy to interact with their friends when they are menstruating. These feelings were largely due to stigma by fellow students, especially male students. This demonstrates the lack of information and guidance on adolescence and menstruation leading to shame and the stigma associated with menstruation (Sommer, 2013).

2.2.3. Knowledge of Menstruation and Preference for who Provides Information

According to Daniels (2016), many girls understand that menstruation is a period of bleeding and a process that happens to women monthly. A study was conducted by Upashe, Tekelab & Mekonnen (2015), to assess the knowledge and menstrual hygiene practices of girls. The findings showed that most of the girls knew what menstruation was before they had started menstruating. Most of the participants were aware that the origin of menstrual blood was from the uterus. However, other studies found contradicting results. Schmitt et al (2017), conducted a study in Myanmar, in camps that host displaced populations and in Lebanon, among refugees. The findings showed that most girls were not aware of menstruation before they started menstruating.

Sophia (2017) conducted an anthropological analysis of menstruation and menstrual practices in western and non-western societies. The findings showed that most girls did not know about menstruation before it occurred. Most of them were told about it after menarche. This caused distress and embarrassment at menarche. The two studies show that girls become aware of menstruation after they start experiencing it.

Adinma & Adinma (2008), conducted a cross-sectional study among 550 secondary school girls in Nigeria, to investigate the perceptions they had and their practices on menstruation. The study found that only 39.3% of the girls knew about menstruation before they started. The findings also revealed that most of the girls perceived that when someone is menstruating, they are cleaning-up bad blood from the uterus, and for some, it is a consequence of disease and sin (Adinma & Adinma, 2008). These findings indicate that girls do not have adequate knowledge about menstruation and are usually unsure about where and when to seek help (Mouli & Patel, 2017). This is attributed to the lack of adequate knowledge and comfortability of parents and teachers to address issues in dealing with sexuality, reproduction, and menstruation.

2.2.4. Source of Information and Support During Menstruation

In terms of the sources of information on menstruation, the mother is the common source of information and the parent that girls prefer to talk to about menstruation (WaterAid, 2009). The SNV Netherlands Development Organization conducted a baseline survey in several countries (Tanzania, Zimbabwe, Ethiopia, Uganda, and South Sudan) aimed at investigating menstruation hygiene management practices among girls (Tamiru et al. 2015). The findings showed that almost 80% of the participants cited the mother as their source of information. They also indicated that the schools did not provide menstruation management education. Similarly, Reddy et al (2011), found that the common person to talk to about menstrual problems is the mother, and in some cases friends, as opposed to the fathers. Koff & Rierdan (1995) agrees with both Reddy et al (2011) and Tamiru et al (2015) that most girls feel that menstruation should not be discussed with fathers, however, they do not mind them knowing when they start. Adinma & Adinma (2008) nevertheless contend that though the mother is a common source of information, the actual communication by the mother is abstract and difficult for most girls.

Daniels (2016) conducted a study in eight rural secondary schools and eight rural villages from two Cambodian provinces. The study was aimed at exploring attitudes, knowledge, and practices of menstruation hygiene management. The findings showed that It was mothers who provided support to the girls by providing knowledge and resources during menstruation; the mother was the first person the girls confided in at the onset of menarche. She routinely explained that the bleeding they experienced was menstruation and introduced sanitary materials and menstruation practices. Mothers were also regularly involved in helping their daughters to access supplies and in sharing information regarding menstruation hygiene management (Daniels, 2016). This can be explained in terms of common patterns of communication between mothers and fathers, where sharing of confidence and support is common with a parent or sibling of the same sex (McNaughton, 2011).

Friends, it has been found, are another source of support during menstruation. Burrows & Johnson (2005) conducted a study to examine girls' experience of menstruation and menarche. It was found that friends are a source of information and support, especially those that started menstruating earlier. The girls that had started menstruating between the ages of 10-15 preferred to confide in female peers about menstruation to their families. If girls started menstruating unexpectedly, they would tell a close friend (Burrows & Johnson, 2005). Daniels (2016), agrees with Burrows and Johnson (2005), that girls support each other when accidents such as unexpected menses take place at school. They assist in hiding stains and in accessing sanitary materials such as pads.

2.2.5. Teachers and the School's Support for Menstruating Girls

The gender of school teachers is important as far as menstruation and school attendance of girls are concerned. Often, male teachers are not comfortable to teach about sexual and reproductive topics and girls are also equally uncomfortable to have male teachers talk about it. In terms of challenges that girls face with teachers, Kirk & Sommer (2006) state that some male teachers may not permit girls to go to the bathroom when they need to change their sanitary materials and may only permit them to go at the end of the class. Sometimes, male teachers may tease the girls - something that is reinforced by beliefs and myths.

In Tanzania, while a topic on menstruation is included in the school syllabus (in primary as well as high school), some teachers are too shy to talk about menstruation, therefore they skip the section. On the other hand, the girls too are also not able to disclose to their teachers that they are menstruating (Sommer, 2013).

Davids (2015), in his study on the exploration of attitudes, knowledge, and practices of MHM among rural Cambodians, found that teachers were generally supportive during times of menstruation. They reported that teachers would sometimes provide sanitary pads, advice, instruction about menstruation and give the girls permission to care for their MHM needs. Similarly, Kgwari (2016) found that female teachers are portrayed as supportive and easier to engage with during menstruation. However, sometimes female teachers are perceived as strict disciplinarians for girls, thereby making school girls hesitant in confiding with them (Sommer, 2013).

In terms of the school's overall support, a study by Rosenberg (2015) in different sub-Saharan African schools aimed at investigating experiences of menstruation hygiene management among girls, found that all the schools provided sanitary materials. The only difference was in the frequency of distribution. Mwenemeru (2013), found similar results. She conducted a study in Kenya to investigate the effects of menstruation on girls' school attendance. The findings revealed that when menstruation happens whilst at school, most girls stayed at school because they received assistance in the form of a pad from the school. Burrows & Johnson (2005), agree with both Rosenberg (2015) and Mwenemeru (2013) and adds to say, when a girl starts menstruating at school and has no sanitary materials, they ask for some at the school office. This is an indication of the role that schools play in the provision of support to girls during menstruation.

2.2.6. Emotional and Physical Changes During Menstruation

Chandra-Mouli and Patel (2017), studied over 80 peer journal articles established between 2000-2015, from Google Scholar and EBSCO's Global Health database, to evaluate the knowledge that girls have regarding menstruation and where they get this information.

Sixty percent of girls from India, 59% from Lebanon and 48% from Malaysia, revealed mood swings and being irritable during menstruation. The findings also revealed some physical impacts, including premenstrual symptoms such as stomach cramps. Almost 93.2% of girls from rural areas, reported having experienced premenstrual symptoms (Chandra-Mouli & Patel, 2017). Similarly, in her study, Mwenemeru (2013) found that 78% of the respondents experienced sickness during menstruation, which in turn affected their school attendance. Birdthistle et al (2011), conducted a study in Malawi, South Africa, and Ethiopia, to explore the impact of providing separate toilets for girls on school attendance. It was found that most of the school girls stayed at home when menstruating because of menstrual pain and discomfort. From the literature, it is evident that menstruation results in emotional and physical changes that bring about discomfort in girls.

2.2.7. Availability of Sanitary Materials

2.2.7.1. Sanitary Materials Used

Girls use several materials to manage their menstruation (Reddy et al. 2011). The most commonly used material is a folded or sewed piece of cloth cut from old clothes or bed sheets. In the absence of pieces of cloths, girls use pieces of mattress (McMahon et al. 2011). This, however, is associated with frequent leaks and chafing (McMahon et al. 2011). Hennegan et al (2016) conducted a quantitative study aimed at describing and comparing schoolgirls' experiences of different menstrual absorbents in rural Uganda. The findings showed that girls use pads, others use pieces of cloth and some others, use items such as mattresses or sponge. The participants indicated that it is the mother who provided the absorbents.

Another study by Scott et al (2009) in Nigeria, found that in Nigeria, girls used discarded cloth. The girls, however, felt that it did not offer enough protection at school or when going to school. Teachers and parents in the area reported that girls used cloth or toilet roll because of the inability to afford pads. Apart from concerns over the unaffordability of pads, girls reported an inability to afford skin tights (biker shorts). Skin tights add a layer to one's clothes and help prevent menstrual leaks. Further, a study that was conducted in Tanzania, revealed that most girls do not afford sanitary pads in addition to skin tights, to help them prevent leaks (Sommer, 2013).

This is a demonstration of the economic structural factors and the influence of patriarchy on spending on girls' monthly needs in most communities (Sommer, 2013). However, a study by Upashe, Tekelab, and Mekonnen (2015) yielded different results. The findings showed that most girls have access to sanitary pads during menstruation, especially Afripads. Similarly, Birdthistle, Dickson, freeman & Javidi (2011) in their study, where they were comparing menstruation hygiene management among rural and urban areas, found that most of the participants regardless of their background used sanitary pads. Few used tampons and sanitary cloth. This indicates that although the majority of girls find it difficult to access more reliable absorbents, some girls are able to afford them.

2.2.7.2. Lack of Sanitary Materials and Education

Atieno (2007) conducted a study to understand the relationship between the lack of sanitary materials and how girls perform in primary schools in Korogocho, Nairobi. The findings revealed that most of the girls started menstruating at age 12 and 15. After starting to menstruate, the girls' self-esteem was affected due to a lack of sanitary towels. Consequently, approximately, 73.2% of the respondents had low self-confidence during menses. Only 4.8% had neither high nor low self-confidence (Atieno, 2007). Furthermore, approximately 78% of the respondents reported missing 3-4 days of school during menstruation. Attention and class participation were therefore affected. However, a study by Grant et al (2013), refutes this argument and states that menstruation is not a direct cause of absenteeism. Similarly, Birdthistle, et al (2011) did not find a relationship between menstruation and school dropout. The findings though, revealed that menstruation caused absenteeism. A lack of sanitary materials, therefore, causes girls to miss classes (Sommer, 2013).

2.2.8. Experience of Menstruation Management

Lahme & Stern (2017) states that menstruation is a health right issue, and everyone has a right to manage their menstruation in a dignified manner, without humiliation. The right to health and hygiene in relation to menstruation falls under the right to health, as stated by international agreements such as the International Covenant on Economic, Social and Cultural Rights (ICESCR) (Lahme & Stern, 2017). However, most girls still have no access to adequate sanitation facilities, especially, in developing countries.

2.2.8.1. Sanitation Facilities

According to Grant et al (2013), school facilities influence regular attendance of girls to school during menstrual periods. Unavailability of toilets makes it challenging for girls to change sanitary materials when they are at school (Grant et al. 2013). Consequently, they sit uncomfortably in class and prefer to stay at home (Kirk & Sommer, 2006). Similarly, a study by Scott et al (2009) in Ghana aimed at investigating the impact of providing sanitary pads to poor girls, found that girls do not come to school during menstruation because of a lack of washing facilities fear of experiencing menstrual leaks and other students noticing it. Sommer (2009) also conducted a study aimed at exploring how the onset of menses may disrupt girls' schooling, in Tanzania. The findings indicated that girls expressed frustration with the challenges of managing their menses on their way to and when at school. The challenges that the girls mentioned included the lack of sanitation facilities, insufficient water facilities and the unaffordability of sanitary pads. Adding on, they experienced challenges in changing sanitary materials, which lead to discomfort, odor of menstrual blood and shame (Jewitt and Ryley, 2013).

A study conducted in KwaZulu-Natal, South Africa found that the lack of water and poor sanitation negatively impacts students (Appolis, 2014). The school had three water tanks and the pit latrines remained dirty affecting menstruating girls. There were also inadequate facilities for the disposal of used sanitary materials, such as dustbins, deep pit-latrine, and incinerators as required in school premises (Appolis, 2014). The lack of water and poor sanitation may also lead to distraction, inability to concentrate in class and girls isolating themselves from others. A study by Hennegan et al (2016), aimed at measuring the prevalence and impact of poor menstrual management in rural Uganda, found similar results. The findings revealed that although the girls and boys had separate toilets, they did not have adequate water, door, and locks. Girls, therefore, preferred to go home to change and to wash sanitary materials rather than to do so at the school toilets.

In a baseline survey report on Menstrual Hygiene management from eight districts in Tanzania, the findings revealed that most of the schools did not have enough sanitation facilities, such as changing rooms and water (Daniels, 2016).

The school teachers and the school committee also revealed that there was no money allocated for menstrual hygiene management in order to get supplies such as sanitary pads, dustbins, and incinerators. In Ethiopia, one toilet could be shared by more than 300 students. The toilets were separate; however, their conditions were bad. Girls reported feeling uncomfortable in using the school latrines. These examples show that girls do not have access to clean facilities in most schools.

2.3. Theoretical Framework

2.3.1. Capability Approach

The study used the Capability approach pioneered by Amartya Sen (Strydom, 2001). Sen (1999), views capabilities as important in human development since they affect the kind of life that a person can live. According to the approach, development is broad and goes beyond looking at the Gross National Product (GNP) and other economic indicators, to focus on the individual (Chin, 2014). The focus of development is on the opportunities that people have in order to live the kind of life that they want (Strydom, 2001).

The capability approach has two main concepts, functionings, and capabilities. ‘Functionings’ means what a person is able to do or be (thus doings and beings) (Stewart, 2013). For instance, having adequate food, having a house to live in and being able to afford to go to school are functions of ‘beings’. Functionings in terms of ‘Doings’ include things such as traveling, learning and working (Robeyns, 2005). Capabilities are opportunities, advantages, and freedoms to lead a kind of life that one wants (Strydom, 2011).

Development is seen in terms of people’s ability to exercise their freedoms (Chin, 2014). These freedoms include human rights; social opportunities such as education, health care, public transport, and other public services; economic facilities; transparency guarantees; social security; protective security and political freedoms (Robeyns, 2005). Noteworthy is that the list of freedoms is not limited to what has been mentioned, rather, it is suggestive, complex and long (Robeyns, 2005).

Looking at the challenges that girls face during menstruation, namely, lack of access to sanitary materials, embarrassment by boys and inadequate sanitary facilities to manage menstruation, this can be considered as a good indication of capability deprivation.

Martha Nussbaum is another advocate of the Capabilities approach (Robeyns, 2005). She focuses on the feminist perspective of capabilities and links capabilities to rights (Nussbaum, 2003). She came up with a list of central human capabilities, which include: bodily health, bodily integrity, emotions, life, imagination and thought, practical reason, affiliation, play and control over the environment (Nussbaum, 2003). Capabilities such as bodily health and integrity speak to the issue of menstruation hygiene management, thereby relevant to this study.

The Capability Approach, in general, is relevant to the study because of its emphasis on expanding the capabilities of people and removing the barriers that limit their capabilities to enjoy the kind of life that they want. This would mean, improving sanitation facilities for girls and providing them with necessary sanitary materials toward the realization of their wellbeing, one of which is the functioning of 'being educated'. The approach would differentiate between a person's ability to carry out or participate in different activities such as going to school, to realizing their wellbeing. This is opposed to the utilitarian approach that is commonly used today which only focuses on ensuring that girls are offered the opportunity to receive an education, yet, normalize the difficulties they face in managing menstruation (Rosenberg, 2015). The approach would also help us understand to a larger extent, the gender inequalities because of social construction within the education system and how it can be dealt with.

2.3.2. The Social Development Model

Patel (2015), defines social development as a process of planned social change designed to promote the well-being of the population in conjunction with a dynamic process of economic development. According to Patel, social development is transformative, and it has the potential to challenge existing social conditions and unequal arrangements in society. Social development includes principles such as social justice, which involves equitably sharing social benefits, opportunities to all citizens; Ubuntu, meaning, everyone has a right to human dignity and to have

respect and protection; non-discrimination; people-centeredness; human capital; sustainability and service to people so they can achieve their goals. This model was relevant to the study since it helped in understanding the challenges that girls face in menstruation hygiene management, from a social development perspective.

Promoting menstrual hygiene management is important in safeguarding what Patel defined as a right to dignity, and in enhancing girls' life opportunities (World Bank, 2018). The model will, therefore, help us determine whether the country's social welfare system promotes dignity and ensures access necessities and services needed by menstruating girls.

2.4. Policy /Legislation

2.4.1. Chapter 1, Section 29 of the South African Constitution (The Right to Basic Education)

All children in South Africa have a right to basic education as guaranteed by both international and national legislation.

The Universal Declaration of Human Rights (1948), article 26, makes provision for the right to education. Adding on, the United Nations Convention on the Rights of the Child (1989), articles 28 and 29 recognizes the right to education for all (SAHRC, 2012). Article 28 especially, emphasizes on the right to education which is to be based on an equal opportunity (Tanga, 2013). On the national level as well, the right to education is one of the provisions made by the South African constitution. Section 29(1) of the constitution of South states that *"everyone has the right to basic education, including adult basic education and to further their education"* (McConnachie, Skelton, McConnachie, 2017). Based on the right to basic education, the government of South Africa has developed different education policies such as the "South African Schools Act (SASA) 1996", which aims at ensuring that no child is discriminated from accessing quality education. This Act also makes it compulsory for children aged 7 to 15 to go to school (Tibane & Lentsoane, 2016). The government recognizes the importance of basic education in promoting and developing the physical, emotional and intellectual capacity as well as the potential of a child (McConnachie, Skelton, McConnachie, 2017). It also lays a foundation for future learning and work opportunities.

Owing to this, the Department of Education has made the following provisions: acceptable education (acceptable curriculum, teachers and educational outcomes); accessible education for all; and available education by the state to all children. Under availability, the policy stipulates that there should be a provision of enough, safe, functional educational institutions (SAHRC, 2012). The state's obligations include ensuring that there are safety systems in all schools and increased access to services such as clean water and adequate sanitation facilities. The main goal is to ensure that children are learning in a conducive environment and to ensure a more locally, access to quality education (SAHRC, 2012). This legislation is relevant because menstruation poses challenges for girls, especially those from deprived backgrounds to access education (Kirk & Sommer, 2006). By doing this, mismanagement of menstruation infringes on their right to education.

2.4.2. Sanitary Dignity Policy Framework

The Sanitary Digital Policy Framework is one of the programs that apply to our study (Department of Women, 2017). The framework is not a legislation, but it was developed as a foundation through which menstrual health could be realized. The aim of the framework is to promote social justice and basic human rights of the needy. The SDPF came into being on the 28th of February 2019 and was launched by the Minister responsible for Women, Ms. Bathabilie Dlamini. The framework was developed after the realization that despite being a biological issue, menstruation is a challenge and expensive for most needy women in the country.

It acknowledges that the health sector primarily focused on providing health services for sexually transmitted diseases and not on the provision of sanitary towels for the needy girl child (Department of Women, 2017). Owing to this, the Department of Women developed this policy framework on sanitary dignity. The framework focuses on a number of areas, namely; policy, resource mobilization, social and behavior change communication mobilization, awareness-raising, integration, partnerships, and governance. One way of achieving this sanitary dignity is by ensuring access to soap, water, facilities for changing and disposing of used sanitary materials (Dlamini, 2019).

The principles of the framework state that women or girls must be educated on safe disposal of sanitary products, being mindful of others around them as well as the environment (Department of Women, 2017). Furthermore, it also proposes that schools and relevant institutions must be equipped with proper toilets that are gender-sensitive, separated and that ensure privacy for the girls (Department of Women, 2017). The focus is also put on the provision of disposal bags within toilet cubicles and transporting them to a designated disposal site. One of the achievements of this initiative has been the introduction of the Zero VAT rated sanitary pads and a health care allowance of R275 for students (Dlamini, 2019). The South African approach is however criticized as narrow considering that it only focuses on preserving girls' self-esteem through the provision of sanitary materials (Department of Women, 2017). Nevertheless, it is relevant and beneficial.

2.5. Conclusion

From the literature review, we can conclude that girls, especially in poor communities are subject to inadequate sanitation facilities on school premises and have challenges in accessing sanitary materials. The main themes identified from the review of previous studies include: lack of access to sanitary materials, limited knowledge of menstrual hygiene management and inadequate and inappropriate sanitation facilities. It can also be concluded that Amartya Sen's Capability Approach and the Social Development Model is the relevant theoretical framework for our study because it speaks to feelings of shame and humiliation, inability to afford pads, to concentrate and participate in class as capability deprivation. The legislation relevant for this study is the right to basic education under section 29 (1) of Chapter of the South African constitution and the Sanitary Dignity Framework under the Department of Women.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

This chapter sets out the methodology of the study. First, it explains the philosophical underpinnings and the research design. The other sections thereafter, will explain the study sample, data collection instrument, data analysis and the interpretation of the study findings. Towards the ending, the chapter will explain the limitations of the study.

3.2. Philosophical View

3.2.1. Constructivism

This study employed the constructivism philosophy which includes the interpretive view. According to this philosophical view, people develop a subjective meaning to what happens to them or around them (Cresswell, 2014). The aim of the research was getting insight into people's experiences and the meaning they create out of these experiences (Singh, 2019). In order to achieve this, the researcher interacts with the people, studies and uses open-ended questions. The researcher understands and accepts participants' views and opinions rather than question them (Singh, 2019).

According to Cresswell (2014), this worldview focuses on understanding a specific context in which people live and how history, experiences, and culture shapes the meaning that they create. This is a relevant philosophical underpinning for this study because the researcher aims at understanding the meanings that girls create regarding their experiences of managing menstruation. The drawback of the constructivism view is that sometimes the researcher's background and assumptions do interfere with the interpretation of the experiences of the people studied. However, objectivity can be achieved by the researcher constantly examining himself or herself on how his/her personal experiences can influence interpretation of the research findings (Begoray & Banister, 2019).

3.3. Research Design

3.1. Research Approach

The study design was qualitative in nature. A qualitative research design seeks to examine experiences from the perspective of the individuals experiencing the phenomena (Creswell, 2014). The researcher interacts with study participants in their natural environment in order to develop a better understanding of the subject matter within the specific context. In addition, qualitative research helps the researcher to recognize the attitudes and behaviors of the participants in their natural setting (Babbie and Rubin, 2011). The study was conducted at Fezeka High School, in Gugulethu, in the natural setting of the participants.

Qualitative research helps the researcher to get an understanding of the reality of the participant rather than on what he or she thinks. This approach was therefore relevant for this study since it sought to obtain an in-depth understanding of girls' experiences in the management of menstruation and navigation by girls, in the school context. According to Creswell (2014), qualitative research is an open-ended and bottom-up approach. The participants are in control of the research and guide its direction, giving more detail on their rich experiences. This helps in adding value and meaning to the study findings. This approach was appropriate because it enabled participants to express their views and experiences on menstruation hygiene management.

3.4. Population And Sampling

Babbie & Rubin (2011) define the study population as the aggregation of elements from which the sample is selected. De Vos et al (2005) defines the study population as the larger group from which a sample is taken. According to Orodha (2010) cited in Mwenemeru (2013), the target population includes all people under consideration in any field of inquiry. The specific target population was menstruating girls at Fezeka High school in Gugulethu.

A sample is defined as a small group that participates in a study (Babbie and Rubin, 2011). The sample is studied to understand the whole population, which the sample is representing (De Vos et al, 2005). It is important to use a sample because coverage of the whole study population is not possible and not all members of the population can be reached.

The sample size for this study was 19 high school girls in grade 12. This is because these learners had lived through the experience of menstruating for a substantial amount of time. The process of selecting this group is called sampling. Sampling is defined as a process of selecting a subset of the study population to draw a conclusion about the whole set (Mwenemeru, 2013). The study employed a purposive sampling, one of the types of non-probability sampling. It refers to appropriately selecting a sample based on the aims of the study, sample characteristics and what the researcher knows about the population (Babbie and Rubin, 2011). The researcher deliberately chose 19 high school girls who had started menstruating as these would yield the most comprehensive understanding of the subject matter (Des Vos et al., 2005). The researcher purposely selected the girls to participate in the study with the help of the female Life Skills teacher.

3.5. Data Collection

The study used in-depth, one-on-one/face to face interviews with the participants in collecting data. These qualitative, face to face interviews aims at understanding a social phenomenon from the participants' point of view it and to understand the meaning that the participants attach to it (Des Vos et al. 2005). The interviews are beneficial in that they increase the chances of participants' responses because it is in person. In addition, they help researchers to probe for answers and the researcher can provide clarification on the questions or matters put forward (Babbie and Rubin, 2011).

The setback of the interviews is that sometimes the presence of the researcher may affect a participant's perception of a question or the responses given (Babbie and Rubin, 2011). In this study, the researcher made the most of the interviews by listening attentively and showing interest in the views and opinions of the participants. Nineteen in-depth interviews were conducted to capture the meaning attached to menstruation hygiene management. Each interview lasted for 45 minutes and was conducted in English to enable both the participant and the researcher to express themselves freely.

The study used a semi-structured interview guide in collecting data. Des Vos et al, (2005) defines an interview guide as the list of questions written down to guide interviews. The questions are determined by the study objectives. They are not fixed, but rather, can be adapted during the course of the interview to ensure that important issues are covered in the interview (Given, 2008). The interview guide constituted of open-ended questions which helped participants to express themselves freely. The guide had main questions (to help the researcher to begin and guide the conversation), follow up and probing questions to get clarification of the participant's responses (Des Vos et al., 2005). The interview guide was, however, used flexibly and not relied on completely. This allowed the researcher to probe using more questions when she needed it and explored additional points or issues emerged during the interview.

The interviews were recorded. Tape recording is important in the qualitative study because it ensures verbatim recording and a smooth flow of the conversation between the researcher and the participants (Babbie and Rubin, 2011). The researcher used a tape recorder upon getting consent from the participants. This was to prevent the researcher from forgetting important issues raised and to refer to key issues raised earlier in the interview (Babbie and Rubin, 2011).

3.6. Data Analysis

Data analysis includes activities such as data sorting, editing, processing and interpretation (Cresswell, 2014). The aim of data analysis is to find patterns among data, that point to the understanding of the social phenomenon. The study interviews were transcribed to prepare for analysis. This was quite overwhelming since each audio recording had to be listened to attentively and several times to capture all data. Transcribing an interview took almost four hours. After transcription, the data were coded using Tesch (1990).

Tesch (1990) is a data analysis technique that includes the following steps:

- Going through all interview transcripts to get the general finding of the interviews. This helps the researcher to acquire background information. In this study, the researcher read through the transcripts to have an idea of the participant's responses.

- Reading each transcript to get an understanding of what it is about and making notes on the topics found.
- Similar topics are grouped together. After reading each transcript, the researcher wrote down all the topics in the margins to identify similarities and differences.
- The topics are turned into codes. Codes developed were listed on the relevant sentences and paragraphs of the transcripts. This described what the researcher had taken note of and what she saw as necessary for answering the research questions.
- Grouping together similar codes and the codes are turned into categories.
- Abbreviating each category and making sure that the codes are in alphabetical order.
- Putting related data in each category together. At this point, the researcher assembled together the related categories into themes whilst taking into consideration the research objectives (Babbie and Rubin, 2011).
- The researcher grouped together issues under the same themes, based on the study objectives.

3.7. Data Verification

Data verification entails checking the accuracy of data collected (Cresswell, 2014). Data verification includes the applicability, consistency, and neutrality of data (De Vos et al., 2005). To ensure trustworthiness and avoiding bias, the following strategies are used; Credibility, Transferability, dependability, and confirmability (De Vos et al., 2005).

Credibility is about the extent to which the study results are true (Mills, Durepos & Wiebe, 2010). The credibility of the study findings is achieved if there is a match between the results and the reality of the participants (Creswell, 2014). In this study, the researcher ensured credibility by having consultations with the supervisor prior to the study about the topic and the interview guide to ensure they were relevant to the study. The researcher checked the transcripts to take note of any mistakes that would have been made during transcription (Cresswell, 2014). An audio recorder was used so that relevant information was not lost.

Transferability entails the applicability of the study findings to another context (Krefting, 1991) cited in Ndlovu (2013).

To ensure transferability, the researcher used purposive sampling to get a wide range of information from and about the context. Nevertheless, the researcher realizes that it may be difficult to apply the findings to those in another context because the study sought to get subjective experiences of the people studied. These subjective experiences may not apply to a different context, especially with a different socio-economic background.

Conformability entails ensuring the objectivity of the study through the whole research process (Chandra Mandal, 2018). Conformability enables a comparison of research findings with the findings of other studies (Des Vos et al., 2005). It involves determining if a study yields similar findings if replicated in another context. The researcher ensured confirmability by using reflexivity so that her experience, perceptions, and assumptions should not interfere with the study findings. The recorded interviews were transcribed verbatim to ensure objectivity. The researcher discussed the study findings with the supervisor to ensure that there were no biases. Furthermore, the findings of the study were linked to literature on menstruation so that it would be verified based on what others have discovered on the matter.

3.8. Limitations Of The Study

Study limitations are the factors that are beyond the researcher's control (Smith, 2017). The limitations of the study are as follows:

3.8.1. Sample Size

The sample size of the study was 20 participants. This was a small sample as compared to the proportion of girls at the school. A larger sample size would have provided a great and accurate representation of the study population.

3.8.2. Generalization of Findings

Another limitation is that the study results may not be easily generalized to those in a different context. This is because qualitative studies are developed based on the specific context of the study (Cresswell, 2014). Adding on, the study used purposive sampling which does not always represent the whole study population thus making it difficult to generalize the findings.

Nevertheless, based on the aims of this study, the findings provided an in-depth understanding of the participants and the context studied.

3.8.3. The Sensitivity of the Phenomena Being Explored

Often, menstruation is perceived as something to be hidden such that people are not free to talk about it openly. It was challenging to get participants to open up and to explain their experience of menstruation hygiene management. Though the researcher had anticipated 20 participants, only 19 were interviewed. Some girls were reluctant to participate in the study and did not show up on the agreed slot. This can be attributed to being uncomfortable to share one's menstruation management experience with a stranger.

3.9. Reflexivity

Reflexivity is the process of becoming self-aware and having an ongoing reflection of one's own biases in the research process (Begoray & Banister, 2019). The researcher's background informed her research. She grew up in a community where it was common to use pieces of clothes for menstruation because of the lack of sanitary materials. She conducted the research to contribute to existing knowledge. The researcher, however, realized that her background (growing up in a deprived community) may have influenced the research interpretation. To ensure that this does not affect the study findings, she wrote down the assumptions she had concerning the study, to help keep herself in check, especially during data analysis. The interview guide was reviewed by the supervisor beforehand so that there were no misconceptions and leading questions. Furthermore, she avoided passing judgment towards the participants when expressing their experience of menstruation hygiene management.

3.10. Conclusion

Chapter three sets out the methodology of the study by describing the research design, the study population, sample size, data collection approach, and analysis.

The study used a qualitative design to examine the perceptions and experiences of menstruation management from the participant's perspectives. The researcher purposively selected 19 girls aged 18-22 from Fezeka high school in Gugulethu because they had started menstruation and would yield data relevant to the study. A semi-structured interview guide was used in collecting data, with open-ended questions that provided room for the participants to respond in their own terms. A tape recorder was used during the face to face interviews to prevent the researcher from forgetting the important issues raised.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1. Introduction

This chapter presents the findings of the study. It starts by showing the demographic characteristics of the participants. Then a framework for the discussion of the findings is provided. Following that, the findings of the study are presented and discussed. The last chapter sets out a summary of the main findings and the recommendations made.

4.2. Demographic Profile Of The Participants

The following table is an illustration of the demographic factors of the participants.

Table 1: Demographic characteristics

Participant	Age	Grade	Location
Participant 1	18	12	Gugulethu
Participant 2	18	12	Nyanga
Participant 3	21	12	Gugulethu
Participant 4	19	12	Gugulethu
Participant 5	18	12	Gugulethu
Participant 6	18	12	Khayelitsha
Participant 7	18	12	Philippi
Participant 8	18	12	Gugulethu
Participant 9	18	12	Gugulethu
Participant 10	18	12	Philippi
Participant 11	18	12	Nyanga
Participant 12	18	11	Gugulethu
Participant 13	18	12	Gugulethu
Participant 14	18	12	Somerset
Participant 15	18	12	Gugulethu
Participant 16	18	11	Nyanga

Participant 17	18	11	Gugulethu
Participant 18	18	11	Gugulethu
Participant 19	17	11	Gugulethu

4.3. Participant Profile

Nineteen girls took part in the study. Of the 19 girls, one was 21 years old, one was 19 years old, seventeen girls were 18 years old and one was 17 years old. All the participants came from the Cape Flats, in townships namely; Philippi, Nyanga, Gugulethu, Somerset, and Khayelitsha. These are underprivileged communities, characterized by low household income and poverty, poor public facilities, high unemployment and crime rate (Pernegger & Godehart, 2007). The townships were originally made for black people and are positioned on the outskirts of Cape Town (Pernegger & Godehart, 2007).

The poor living conditions in these townships resulted from the oppressive apartheid-era policies based on white supremacy (Mpeta, Fourie & Inwood, 2018). Under the apartheid era, between 1950 and 1982, approximately 700 000 Coloured and African families were moved to the Cape Flats (Mguzulwa, 2014). These areas were subjected to underdevelopment. They were economically disadvantaged and lacked access to services such as health and education as compared to their white counterparts (Lephakga, 2017). Noteworthy is that even after independence, the living conditions have not improved in these townships and the majority of the people are still living in deprivation.

4.4. Family Structure

The majority of the participants stay in extended families. Such families include the mother, father, brothers, grandparents or aunt, uncle, sisters, and cousins. An extended family refers to a group of people living together, whose relationship goes beyond the nuclear family (Zonta, 2016). Additionally, it may include family members from different generations staying together. Extended families stay together either as a choice or as a necessity and this is based on financial needs, social support, and caretaking (Zonta, 2016).

In South Africa, extended families are common amongst black and Asian families, the least educated and the poor (Amoateng, Heaton & Sabiti, 2007). The possible explanation for this is that individuals prefer to live together in order to pool resources. This demonstrates the dependency of household members on each other, something that is common in underprivileged families or communities.

4.5. Socio-Economic Background

The participants came from different backgrounds, with the majority coming from families which make money through small scale businesses, such as selling fruits, veggies or ice cream. For those whose parents or guardians work, their occupation is mostly in the informal sector; working as security personnel and attendants in retail shops. Most parents work far from home and visit during the weekends, leaving the children with their grandparents.

The participants that live with their grandparents rely on the “older persons’ grant”. The older persons’ grant is a monthly income that is provided to people that are aged 60 and above (ILO, 2016). The amount ranges from R1500 to R1520. The grant is one of the examples of the South African social protection system aimed at eliminating poverty and inequality (ILO, 2016). The grant helps older people to sustain themselves and helps in feeding for their grandchildren in situations where the parents of the children have passed away. This shows the role that grandparents play in providing childcare and helping parents to look for employment. It is also a demonstration of the changes that have taken place in the family structure, where parents stay away from their children to make a living (Lephakga, 2017). This can be linked to the migrant labor system, a feature of apartheid, which led to the fragmentation of the family structure (Mazibuko, 2000).

4.6. Research Context

The study participants were grade 11 and 12 students from Fezeka High School. The school is a public one and is in Gugulethu, one of the townships on the outskirts of Cape Town. The school was introduced in 1965 and has approximately 1052 students (Wilson, 2009).

Fezeka was the second-high school in the black township after black South Africans were moved from the city to the suburbs during apartheid (Pernegger & Godehart, 2007). The school has a diverse group of people, including, Sotho, Xhosa, Zulu and colored learners (Wilson, 2009). The students come from the suburbs on the Cape flats, such as Langa, Nyanga, Gugulethu, and Khayelitsha. According to Wilson (2009), learners are from working-class backgrounds. Most of them are raised by single mothers as a result of the HIV epidemic and increased crime rates.

The school is well known for its award-winning choir (Chloe, 2011), and achievement of a pass rate of 62.1% in 2015 and 69.3% in 2016 (Shelver, 2017). However, it experiences problems such as a high dropout rate, drug abuse, thieves and gang violence (Wilson, 2009). The Western Cape Education (2016) states that some learners at Fezeka engage in gangsterism and come to school in possession of dangerous objects and drugs. All these problems can be linked to the socio-economic problems that were exacerbated by the apartheid system in disadvantaged communities (Bowers Du Toit, 2014).

4.7. Discussion Of Findings

In coming up with the categories and subcategories, the researcher used the Tesch (1990) steps of data analysis. First, the researcher read each transcript and identified topics that emerged in the transcript. Emerging topics were given a code that best describes it and relates to the research objectives (Cresswell, 2014). Then, the researcher identified similar codes and put them together to form categories (Babbie and Rubin, 2011). The categories formed were compared against each other across the transcripts. Those related to each other were grouped together to form themes. The themes were based on the research objectives.

Table 2: Framework of Discussion

Themes	Categories	Sub-categories
Experience of menstruation management	The first experience of menstruation	<ul style="list-style-type: none"> • The onset of menstruation • The first person told at the onset of menstruation • Knowledge of menstruation

		<ul style="list-style-type: none"> • A change in self-perception
	Perception and practices of menstrual hygiene management	<ul style="list-style-type: none"> • Maintaining personal hygiene • Use of sanitary materials
	Access to and availability of information on menstruation	<ul style="list-style-type: none"> • Family communication on menstruation • Sexual and Reproductive health education at school • Peers and friendships
Challenges faced during menstruation	Personal functioning	<ul style="list-style-type: none"> • Emotional changes • Self-awareness • Physical pain
	Peer relationships	<ul style="list-style-type: none"> • Public shame by boy learners • Changing interactions during menstruation
	School environment	<ul style="list-style-type: none"> • Limited resources • Poor facilities
Dealing with menstruation	Coping mechanisms	<ul style="list-style-type: none"> • Use of medication • Dress • Space and sitting arrangements • Using outside facilities
Menstruation and Education	Negative impacts of menstruation on education	<ul style="list-style-type: none"> • Absenteeism • Effects on class attention and participation
Social Support	School friendships	<ul style="list-style-type: none"> • Emotional and physical support during menstrual-related emergencies
	Teacher and student relationships	<ul style="list-style-type: none"> • Lack of communication on menstruation hygiene management

	School administration	<ul style="list-style-type: none"> • Provision of sanitary materials

4.7.1. Experience of Menstruation Management

4.7.1.1. The First Experience Of Menstruation

4.7.1.1.1. The Onset of Menstruation

Most of the girls started menstruating at age 15. Three girls started at age 14, three started at age 13, three more started at age 12, and two started at age 11. The girls gave different responses as regards their reaction during their first experience of menstruation. The majority reported experiencing feelings of fear, shyness, confusion, and embarrassment at the first onset of menstruation.

I was scared and shy because it was my first time to have my period and it was sore. I have like aah period pains. My mom bought me pads and told me I must wash.

(Participant 10, grade 12)

*Yho, I was nervous, I was scared. I didn't want to tell anyone, like at first, I could stay somewhere where one couldn't even see me. Yeah (Participant 13, grade 12)
I cried... and didn't tell anyone because I was uncomfortable to tell it to discuss it
(Laughs)*

(Participant 7, grade 12)

The narratives above show that menarche brings embarrassment, shyness, and fear to adolescent girls. Girls reported that when they saw the blood, they had questions and were afraid. Some thought they had done something bad or that they were sick. The different reactions at the first onset of menstruation may be determined by the attitudes that girls have toward menstruation (La Marca-Ghaemmaghami & Ehlert, 2015). According to Marvan and Abolnik (2012), these attitudes are influenced by their immediate environment. Negative reactions are based on negative perceptions of menstruation as something to be hidden and embarrassing. Another possible explanation is that girls are unaware of menstruation thereby, reacting negatively to it when they experience it for the first time.

This finding is consistent with that by Schmitt et al (2017), which found that girls are frightened and confused at the onset of menstruation. This is an indication of a lack of knowledge of menstruation by girls (Sumpter & Torondel, 2013). Girls are not well informed about what is happening to their bodies or how to handle it. Noteworthy is that, without good and sufficient information, girls are more likely to experience fear and anxiety at the sight of blood at menarche. Therefore, the importance of exposing girls to information about menstruation earlier cannot be overemphasized.

Concerning menarche, it is clear that girls start menstruating at different ages. This finding is consistent with that from a study by Atieno (2007) and Burrows & Johnson (2005), which revealed that girls start menstruating at different times and the first experience can occur as early as age 10. The American Academy of Pediatrics (2006), states that nutrition, environmental and socio-economic factors may affect the timing of menarche. In high income or urban areas, girls start their menstruation earlier than their rural counterparts because of good food and less activity (Mwenemeru, 2013; Ameade & Garti, 2016). The average age of menarche is 13 years for those in poor communities (Sumpter & Torondel, 2013) while in urban areas, it is below 10 (Mwenemeru, 2013). It can, therefore, be concluded that there is no standard age for menarche, its onset being determined by many factors beyond the individual and different across geographical location or race.

4.7.1.1.2. The First Person Told at the Onset of Menstruation

The participants were also asked about the person they told about their first experience of menstruation. Most girls mentioned their grandmother and their mother. A few girls, however, reported that they did not disclose to anyone because they were afraid, thinking that there was something wrong with them.

I was feeling like, yho. I was shocked, scared, and then I told my mom “mom look, I have so much blood” and then my mom said, “no you are in period” (laughs). This thing happens too many times and then I started learning more about it.

(Participant 17, grade 12)

I was home and I told my mother. She told me it was a growth stage when you grow up.

(Participant 4, grade 12)

I was playing with my friends outside so the other one like hit me hard so I thought it was like a temporary pain I will be fine, then I kept on bleeding. Then I didn't tell my mother because she will think, I got involved in bad stuff or I slept with a boy. So, I was scared to tell her you know that I am menstruating. I was scared but later I ended up telling her then she understood, and she started telling me that I should be doing this, and I shouldn't do that. That's how I started menstruating.

(Participant 13, grade 12)

The above quotations demonstrate the role that mothers play in passing menstruation information to girls at menarche. In most cases, grandmothers and mothers are responsible for providing instructions on handling menstruation. The possible explanation for this is that older female relatives are considered wise and very conversant with issues to do with menstruation. Girls do not talk to their fathers or male relatives about their first experience of menstruation, although they might eventually become aware of it. This is because, in most societies, girls are socialized into talking to their mothers about different issues that concern them whilst male children usually talk to their fathers (McNaughton, 2011).

According to Gupta & Gupta (2001), menstruation is strictly a mother-daughter affair, and fathers do not associate themselves with it or have anything to do with it. The findings of this study are consistent with that by Mwenemeru (2013), where the girls reported that the first person to talk to about their first experience of menstruation, was the mother. This demonstrates the prevailing traditional family methods where mothers or older female relatives are responsible for conveying instructions to girls that have reached puberty and any related issues on sexual reproduction (Sommer, 2013). However, the information that mothers or grandmothers pass on to girls is usually centered around the social norms and traditional beliefs surrounding menstruation. This affects the way that girls perceive menstruation; still as something to be hidden and something that causes feelings of embarrassment. Adding on, it instills fear related to menstruation in girls.

As to what they were told at the onset of menstruation, some mentioned that they were advised to keep their distance from boys because they could get pregnant. The problem, however, is that girls are not given a proper explanation of the association between menstruation and staying away from boys. This is because sex talk is considered taboo and parents are not comfortable talking about it with their children (Walsh, 2008). This may result in confusion in girls. Some of the participants reported that they were advised not to eat foods that contain milk. The reason is that it may affect the flow of their menstruation. This reveals some of the rules that come with the onset of menstruation. It shows that the information that girls receive at menarche is mainly centered around beliefs, what is acceptable and not acceptable when menstruating other than on menstruation hygiene management. Often the information that mothers pass on to their daughters is what was also passed on to them by their mothers or grandmothers (Vaughn, 2010). The implication of this being that if there were any misconceptions regarding menstruation, these are passed on to the girls.

Furthermore, mothers assume that their daughters are already aware of menstruation hygiene management by learning about it in school or hearing about it from their friends (Adinma and Adnma, 2008) cited in WaterAid (2009). This is problematic since most girls remain uninformed about menstruation hygiene management issues. This often results in negative practices of menstruation, thereby affecting the overall wellbeing and quality of life of the girls (Chikulo, 2015).

4.7.1.1.3. Knowledge of Menstruation

Most of the participants stated that they knew about menstruation before it's onset. Most of them heard about menstruation from primary school and from friends or siblings that had started menstruating.

Okay, I started when I was 12 years, in the morning, I was going to school. After getting bathed, then I was wearing my clothes, I saw blood running through my legs. Then I was like yho, what is this? Then I remembered that my little sister also experiences this, and I have learnt it in school. So, I told her that I am on my period, then she helped me to put the pad. Then after school, when I came back, I told my mother. She also told me that its normal. I was happy because I am a grown girl now (laughs).

(Participant 16, grade 12)

You know I was able to tell my mother that I have started menstruation because I already knew that I was at the stage of going through the period.

(Participant 6, grade 12)

From my primary school, there are people who came and told us about periods, what we should use, what we should do, how we should put our pads.

(Participant 9, grade 12)

From the narratives above, it is apparent that girls perceived themselves as knowledgeable about menstruation, based on information from friends, siblings, and school. Most girls mentioned that they have a sister, cousin or friend that had started menstruating before they did. It is from engaging with these people that they got to know about menstruation. The findings of this study are, however, not consistent with those revealed in studies by Mouli & Patel (2017) and Tamiru et al (2015). Their findings revealed that most of the participants were not aware of menstruation before they started experiencing it. In this study, it is possible to question the extent to which the participants know about menstruation and the amount of knowledge they have on the phenomena. This is because mothers are usually embarrassed to provide information about menstruation (Sooki, et al., 2016).

In addition, the information from friends or sisters is not always adequate or accurate. It is noteworthy that though girls seem to have knowledge about menstruation before their first experience, most of them do not feel prepared for menarche (Tiwari et al., 2018). This unpreparedness is reflected in feelings of fear and embarrassment at menarche. When many girls are unaware or unprepared for menarche, it may increase the cases of unplanned pregnancies, since girls are not aware of the fact that they can get pregnant, especially those that are already sexually active (United Nations, 2014).

4.7.1.1.4. A Change in Self- Perception

Most of the participants reported that they experienced a change in self-perception when they started menstruating. They started feeling a sense of responsibility to take care of themselves, to clean themselves and act in a different way. One of the reasons being pressure from others, especially grandparents or the mother to act in a mature way.

I had to change because I was growing up. I started becoming serious. I used to laugh about things that were not laughable, I used to just laugh and have fun but then I actually changed. I laugh neh but not like that time. Right now, I am a serious person.

(Participant 12, grade 12)

The others can play and run at school and do whatever. I can also run but I can't be running, jumping around in front of the kids, look at me.

(Participant 9, grade 12)

Yho, so, much work. Yho so much work, my mother expects a lot from me like school wise, chores and sometimes I feel like I can't do it. But I do it anyways.

(Participant 11, grade 12)

To me, it wasn't a big deal but then the advice that came from other people made me feel like aah I have to behave in a certain way now. In rural areas when they have slaughtered a pig, you were called to come and eat the insides ...yabo then when you start going to period, you too may want to go there. When you go they tell you, no, you are not gonna go there because now you are a big girl, now you have to behave in a certain way. That was the only change for me.

(Participant 5, grade 12)

It is clear that menstruation is a turning point for girls. Their self-perception is altered and there are new expectations and pressures placed on the girls by society (Johnson-Robledo & Chrisler, 2013). A possible explanation for this is that across cultures, menstruation signifies the transition from childhood to adulthood (Johnson-Robledo & Chrisler, 2013). Burrows and Johnson (2005) cited in Kirk & Sommer (2006) state that menarche represents the transition to womanhood and the beginning of sexuality. Therefore, girls are treated differently and advised to act mature. This is based on what society deems as appropriate behavior based on tradition. At this moment, parents may not emphasize education as much, rather they would emphasize on teaching them on how to take care of the household and preparing themselves for marriage and motherhood (Kirk & Sommer, 2006). Since menstruation is perceived as signaling maturity, it may result in early marriages for girls, thereby affecting their socio-economic outcomes and life chances (Field & Ambrus, 2008).

4.7.1.2. Perception and Practices of Menstrual Hygiene Management

4.7.1.2.1. Maintaining Personal Hygiene

The researcher sought to understand the participants' perceptions of menstruation hygiene. Most girls mentioned that it is practices such as showering, cleaning the vagina and changing sanitary materials several times a day.

So, I manage my period by washing in the morning, then wear pad, afternoon, I will wipe my vagina then put another pad. At night I wash again and wear a pad. Continuously.

(Participant 9, grade12)

I think I know, it means you have to be clean enough to be with people. So that you don't have some odors, you have to be clean, assess yourself mostly when in your periods.

(Participant 12, grade 12)

You have to be clean because it smells very bad it stayed for a long time. You have to change your pad after certain hours.

(Participant 5, grade 12)

I only understand the word hygiene. I have no idea what menstruation hygiene is. It has to do with keeping clean, it's only because I know the word hygiene, otherwise what menstruation hygiene is?

(Participant 7, grade 12)

The narratives above show that girls perceive MHM as cleanliness during menstruation. However, the girls seemed to find it difficult to understand the concept of “menstruation hygiene management”, showing that they are not familiar with the concept. Engaging with the girls revealed that the understanding and practice of menstruation hygiene management is personal. These practices are influenced by social norms and the information that they receive from their mothers, grandmothers or friends (Shanbhag et al., 2012). Most girls perceive menstruation hygiene management as washing oneself twice a day and changing pads frequently. It is worth noting that better hygiene practices are based on accurate knowledge of menstruation hygiene. A lack of knowledge thereof may result in inadequate menstrual hygiene among the girls (Miiró et al., 2018).

Consequently, it puts girls at risk of stress and reduced opportunities to attend school. It may also result in reproductive tract infections, thereby, affecting their health outcomes (SDG, goal 3) (Shan et al., 2019). In the long run, poor menstruation hygiene may affect girls' realization of health, social and economic outcomes - what Patel (2015) defines as wellbeing.

This study was not able to determine what good or bad menstrual hygiene practices entail. It only revealed that girls practice menstrual hygiene by using pads, washing and changing sanitary materials frequently to prevent odor.

4.7.1.2.2. Use of Sanitary Materials

The study found that most of the participants use sanitary pads, with a few using small pieces of cloth when they are unable to afford pads.

I don't think so. I always get pads. I am the kind of person who even if I don't have money, I do have pads. And my family, I don't ask them for money for pads. I always have money to buy pads. But it can happen that I don't have pads. I will find myself money and buy myself pads. I don't become needy. Come to think of it. I always have cos I buy two packets, use one and then the other one is left. And if I have money, I will buy another one so that when the day comes, I am always prepared.

(Participant 9, grade12)

No, sometimes, at home it's always better because it's my mom and me. My mom always buys pads. It's me and my mom so, every time she goes shopping, she buys pads. So, I always have pads.

(Participant 10, grade 12)

No, because if I don't have the pads, I will ask my mother to buy me and she buys it for me. My mother always makes sure that she gets. She makes sure that there is a pack of pads in the house.

(Participant 16, grade 12)

The study did not get any bad reports concerning accessibility to sanitary materials. From the participants' responses, it is evident that there is the availability of good sanitary materials for adolescent girls at Fezeka High School. All the participants mentioned that they use sanitary pads for the whole duration of menstruation. This is based on availability and personal preference.

The participants indicated that using sanitary pads is safer and more comfortable than using other materials such as cloth. Adding on, it makes it easier for them to move around. The finding from this study contradicts with the assumption that the researcher had made before conducting the study and the findings from several studies (Scott et al, 2009; Atieno,2007; Hennegan et al, 2016, Mwenemeru,2013 & sommer, 2013).

These studies revealed that many girls, especially in poor communities' lack access to sanitary materials and alternatively they use cloth, grass or pieces of the mattress. Often, girls from poor backgrounds lack access to sanitary materials. They lack what Amartya Sen (1999) calls, 'the functionings' to afford such things as sanitary materials. Their family does not see buying pads for adolescent girls as a necessity and therefore they have a lesser capacity to live the kind of life that they want (Jewitt & Ryley, 2013). However, based on this study's findings, it can be concluded that girls at Fezeka High school are able to afford sanitary materials. The availability of sanitary materials helps in making the menstrual experience comfortable for girls (Vaughn, 2013).

From the quotations, it is apparent that mothers and grandmothers play an important role in ensuring that the girls have access to sanitary pads. However, it is important to acknowledge that although the study has revealed that grandmothers supply sanitary materials to girls, it is not an easy task for them. Grandmothers are one of the groups of people in a position of disadvantage and mostly rely on the Older people grant. What this suggests is that the grandmothers struggle to afford sanitary materials and are forced to use money that should be used for food, to get sanitary materials for the girls. This signals deprivation.

4.7.1.3. Access to and Availability of Information on Menstruation

4.7.1.3.1. Family Communication on Menstruation

The researcher sought to find out the main source of information on menstruation. The participants mentioned different sources of information. However, the most commonly mentioned source was the grandmother or the mother (depending on who one stays with), followed by siblings.

I didn't know but as soon as I asked my grandmother and I know about menstruation, even though I haven't experienced it, I asked my mother and she

told me and then I was like okay. Its girls' process yeah. She said it's a process that each and every girl will go through yeah.

(Participant 8, grade12)

It's from my grandmother cos she's always been there for me. I lived with her for a long time, so she understands me, and I can talk to her freely.

(Participant 16, grade 11)

The findings show that the mother and grandmother are the major sources of information on menstruation. A study by Adinma (2008) and Reddy et al (2011) yielded similar results, showing that mothers were the common source of information. From this, two things can be pointed out; first, the role that the family as a primary unit plays in training and socialization of children (Baferani, 2015). Most specifically, the role of the mother in educating, giving information and health behaviors to girls (Sooki et al., 2016). This, however, depends on the knowledge that the mother has concerning menstruation and whether she is comfortable discussing it with her daughter. If the mother is well informed about menstruation hygiene management, she can transfer this information and good menstruation hygiene practices to the girls. Owing to this, it is important that mothers are trained and sensitized on menstruation management and on communicating this knowledge to their children. Second, the importance of maintaining a good relationship between a mother and a teenager, cannot be over emphasized because it makes it easier to openly talk about menstruation. Sooki et al (2016), contends that a bad relationship may block a girl's access to correct and complete sources of information. Consequently, it may affect their menstruation hygiene practices, which may lead to infections. This may undermine "bodily health", one of the important capabilities as stated by Nussbaum (Strydom, 2011), cited in Rosenberg (2015).

4.7.1.3.2. Sexual and Reproductive Health Education at School

The participants mentioned that they have learnt about menstruation in a Life Sciences class. Some of the girls had learned about this after they had started to menstruate.

As I said, the teachers don't talk to us about menstruation here. We only hear about menstruation in Life science class. When the teacher is teaching Life Science.

(Participant 1, grade 12)

In Life Sciences, we talk about menstruation stuff but not very much but there are people who used to come, to teach us about periods, contraceptives, ntontoni. There are people who would come and called us all girls to talk about periods and they would give us pads. And that we should go to the clinic ntontoni.

Yeah.

(Participant 9, grade 12)

From our Life Sciences teacher. He talks about menstruation and how to deal with it.

(Participant 6, grade 12)

Yes, our teacher of Life Orientation they do that yeah. And sometimes they deal with those people who deal with 'always' and they always have pads for in case, if you started here.

(Participant 10, grade 12)

The findings show that most of the participants have learned about menstruation in a Life Science class at school. The Life science subject is part of the Curriculum and Assessment Policy Statement (CAPS) curriculum for Grade 12 (Bouwer et al. 2014). The subject covers topics such as the human reproductive system which includes the menstrual cycle. Students are introduced to human bodily functions, growth processes, and reproduction. This is beneficial to the students as they get to understand the changes their bodies go through as they transition from childhood to adulthood. However, the participants mentioned that the information they get is limited. This is because the subject does not delve deeper into explaining menstruation hygiene management. Another challenge is that though menstruation is taught in class, the teachers may not be comfortable to talk about it because they feel like it is the parent's responsibility to do so (Chin, 2014). Adding on, they may not be trained to talk to girls about it. A study by Johnson et al (2016) aimed at understanding the challenges that girls face during to menstruation, found that though teachers orientated girls about menstruation, menstruation hygiene management was not incorporated into lesson plans. This demonstrates that sexual and reproductive education, specifically on menstruation hygiene management is limited.

The participants also mentioned that different organizations come to the school to talk about menstruation.

There is a program here at school on Wednesdays at lunchtime, yeah. They, people from Desmond Tutu, they come and tell us about periods and yeah, we learn a lot about periods.

*(Participant 17,
grade11).*

The study findings suggest that non-governmental organizations also play a role in sensitizing girls about menstruation and the donation of sanitary materials. This helps in supplementing the information that girls receive from their mother, grandmother, friend or school on menstruation hygiene management. It also helps in scaling up the government's efforts in enhancing menstruation hygiene management. This is with the realization that when girls are well informed about menstruation hygiene management, it enhances their' dignity and bodily health (World Bank, 2018).

4.7.1.3.3. Peer and Friendships

Most of the participants mentioned their friends as a source of information on menstruation, after their mother or guardian.

Okay, my friends told me... they didn't talk a lot about menstruation. One of them was already menstruating, she told me that it doesn't happen because of sex and many things.

(Participant 1, Grade 12)

(Laughs) aah, I was always prepared cos my friends were in periods already, I was the last one to be on my period. Then someday I woke up, then I went to the toilet and it was funny, I saw blood, so I didn't panic or anything, I just told my older cousin that looks tontoni and then I washed, she gave me pads, then I bought another pad.

(Participant 9, grade 12).

The findings show that friendships are another source of information on menstruation. Most of the girls in this study mentioned that when they are menstruating, they talk to their friends about it. Some become aware of menstruation from friends who started menstruating earlier than them. Knudsen (2017) contends that as girls transition to adolescence, they rely less on their parents or siblings, and rather rely more on and spend more time with their peers. These friendships provide companionship and support to girls before and after the onset of menstruation. Friends provide a

safe space to deal with the stress that may come with handling menstruation especially for the girls that have just started. It is also in these friendships that girls talk and hear more about menstruation. The information that girls get from their friends, supplement that which they hear from their mothers and siblings. However, the credibility and accuracy of the information that girls get from their friends are questionable. This is because there are not a lot of discussions or engagements around menstruation and this is something that affects all the girls regardless of where they live. Progress made in ensuring adequate and accurate information on menstruation hygiene management. Consequently, menstruation continues to be something hidden and ignored in families as well in the community (Kirk & Sommer, 2006).

4.7.2. Challenges Faced During Menstruation

4.7.2.1. Personal Functioning

4.7.2.1.1. Emotional Changes

Most girls mentioned a change in emotions during menstruation, that is, having mood swings, becoming very sensitive and angry during menstruation.

Very very... (Laughs), I'd hear times when in class when boys say girls have emotions that are very extreme like, (laughs) but then it does happen that you actually feel happy and times when you become moody you know, or you don't want to talk to people or extremely happy. I get very emotional yeah. I sometimes just don't talk to people cos, I was in my period like 2 weeks ago, then I wasn't speaking to anyone at home. And then later on, like 3 days later, I get extremely happy.

(Participant 7, grade 12)

I become moody. They say I am a moody person but almost everyone, even my guy friends, even the people that know me. And they say I am moody...and it's because of the period.

(Participant 9, grade 12)

It depends because I am quieter when I have period pains, if it starts here in school, I will be so quiet because obviously, the pain will hurt so much, but I try even if I am on my period, there is no change.

(Participant 12, grade 11)

From these narratives, it is evident that with menstruation, comes along a change in emotions for most girls. Girls mentioned being moody, quiet and sometimes angry. A study by Chandra- Mouli & Patel (2017) had similar findings, revealing changes in emotions during menstruation for most girls. A possible explanation for this is given by Yamazaki & Tamura (2017), who states that it is a result of the changes in the level of sex hormones called estrogen and progesterone that are happening during the menstrual cycle. Due to this, most women experience premenstrual syndrome (PMS) during menstruation, which includes symptoms such as mood swings, fatigue, irritability and food cravings (Yamazaki & Tamura, 2017). More often, these emotional changes are severe. In this study, girls mentioned that during menstruation, they shout at others for no apparent reason or become very quiet than normal and this affects the way they relate with others. It can, therefore, be concluded that menstruation has a great impact on girls' emotions and affects girls' interpersonal relationships both at school or at home (Ramos -Loyo & Sanz-Martin, 2017).

4.7.2.1.2. Self-awareness

Most girls reported that they were self-aware and felt uncomfortable being at school during menstruation due to fear of leaks and smells. They do not want others to find out, fearing that they may be judged or laughed at.

I feel ashamed sometimes, I don't know, maybe they see me if I am on my periods or they think I am stinking or something like that. But they never notice or said anything. So yeah, it's just me being uncomfortable.

(Participant 3, grade 12)

I fear that I may stain the chair in class and sometimes when I am doing my period, I am afraid to tell the teacher to go outside to change a pad.

(Participant 2, grade 12)

On the first days like, because you are bleeding more, you feel like maybe, like you have left something on the chair. That's only when you start feeling uncomfortable. But then everything is normal as it always is, from my perception. I don't think anybody faces problems.

(Participant 5, grade 12)

The narratives show that when girls are menstruating, they become more self-aware and feel like everyone knows that they are menstruating.

Most girls do not like others to know that they are menstruating because of fear that they will be embarrassed and stigmatized (Rosenberg, 2015). This fear comes along whether or not other students know that they are menstruating. This is because girls are socialized into looking at menstruation as something that is shameful and is to be hidden. A study by Atieno (2007), yielded similar findings. The results revealed that the girls constantly fear to mess up their clothing and getting embarrassed by other students. This demonstrates that embarrassment linked to menstruation is universal (Atieno, 2007). It also shows that girls are never prepared to deal with the challenges of social taboo that is associated with menstruation (Shan et al. 2019). Girls need to have adequate information on menstruation and support to be able to deal with this fear of embarrassment and shame during menstruation.

4.7.2.1.3. *Physical Pain*

The girls reported that they experience period pain, difficulties in eating, tiredness and vomiting during menstruation. Period pains were the commonly mentioned problem and some reported that it led to missing school and inability to concentrate in class.

Yes. On my first day, every day is well, then the next day I am gonna have the period pains. Then the next other days, it's gonna be normal. So, let me say, at the end of every month, I sometimes, not come to school because of the pains.

(Participant 6, grade 12)

Yes, the first two days, there is a difference. Like the pain, yho its too much. Like the first two days, I distance myself from lots of people. Like, I don't become like the active Anesipho I am sick. The first 2 days, yho, I don't wanna lie, I become like a totally different character. I am glad my classmates understand, even the boys like, most of the times, my friends are boys. Like they understand that oh okay.

(Participant 11, grade 12)

From the narratives above, it can be deduced that menstruation is an uncomfortable and painful experience for most girls. Girls get affected by numerous physical changes that come with menstruation, especially period pains. Period pains are disturbing and embarrassing for most girls (Chhabra, Gokhale, & Yadav, 2017). The participants also mentioned that they feel tired, have difficulties in sleeping, eating and vomit when menstruating.

Similarly, studies by Chandra-Mouli & Patel (2017); Mwenemeru (2013) and Birdthistle et al (2011) found that menstruating girls experience sicknesses during menstruation which are commonly called Pre-menstruation Symptoms (PMS). These physical changes affect girls' social interactions, class participation, and their general functioning at school (Simavi, 2018). Though menstrual pain is a common problem among the girls, the school's policy does not allow the provision of any medication to students to help relieve the pain. Consequently, girls leave school earlier or do not come to school because of the pain. It can, therefore, be concluded that the physical changes associated with menstruation make it unbearable for girls to stay in school and actively take part in the school activities (Guya, Mayo & Kimwaga, 2014). This has implications, it puts girls at a disadvantage as compared to their male counterparts. Girls are not able to engage in quality education and their outcomes may be affected.

4.7.2.2. Peer Relationships

4.7.2.2.1. Public Shame by Boys

When asked if they have ever experienced leaks, most girls reported having started menstruating whilst in class and staining their uniforms and chair. The girls reported feelings of shame and embarrassment because other students knew about the leak.

Like I feel traumatized I don't know what to do sometimes, I feel like everyone saw me. I get really scared like I could just leave school. Yeah. Like I feel like something big just happened like, I don't know who to tell, who to not tell, whether I should remain on the class, should I stand up like yea.

(Participant 13, grade 12).

Yes, it changes. You get too scared of people. People are seeing what is happening to you (laughs). So, I don't like to be around a lot of people, especially boys.

(Participant 14, grade 12).

Mmh, it does sometimes, cos this is not a girls' school. We have boys. When you are in period, then you don't have pads sometimes. Then you come to school and start your period you don't know you are in period. But then when you stand up, you see all over blood. Then you are scared to stand up. Because there are boys around you.

(Participant 17, grade 11).

The findings show that menstrual leaks are a common occurrence among girls. A possible explanation for this is a lack of preparedness for the start of menstruation. More often, girls do not prepare for their menstruation as demonstrated by not carrying sanitary materials and sometimes they start menstruating at school. Consequently, they experience leaks. Also, most girls do not keep track of their menstrual cycle. This unpreparedness speaks to the limited information that girls have regarding menstruation hygiene management.

Most of the participants mentioned that experiencing menstrual leaks is a humiliating experience. When girls experience menstrual leaks, they experience feelings of fear, confusion, shame and embarrassment (Atieno, 2007). This comes because of the stigma that is associated with menstrual leaks (Rosenburg, 2017). It was also reported that sometimes boys make fun of the girls when they experience leaks. When it happens in class, girls wait for all the boys to leave the class before standing up, due to fear of being laughed at. It is clear therefore that girls' learning opportunities can be hindered by the choices and actions of others, in this case, boys laughing or making fun of them during menstruation.

Several studies have also shown that male students laugh at girls who are menstruating when they suspect it, especially those that experience leaks or smell (Basyal, 2016 & McMahon et al., 2011). The participants also mentioned that when they are menstruating, they are uncomfortable to walk around the class or stand up in class, because of fear of having stained their skirt. This has implications for the girls, it may influence their self-esteem and sense of worth and as Atieno (2007) puts it, a low self-esteem slows one's progress. Public shame by boys suggests that male students do not understand menstruation management and it is also a reflection of the prevalence of beliefs and myths about menstruation. Like girls, male students need to be sensitized about menstruation hygiene management; otherwise, they might grow into men who are unaware of women's sexual and reproductive rights and indifferent to their menstrual needs (Mahon et al., 2015).

4.7.2.2.2. *Changing Interactions During Menstruation*

When asked about the changes experienced when menstruating, most girls reported tendencies to avoid engaging with others and the need to want to be alone. It was also revealed that most girls become quieter when around others.

I become quiet, I like being alone. I enjoy being alone. I used to like to be around people, but suddenly it changed.

(Participant 9, grade 12)

Yes, there is a change because, I am usually the person that likes to go out and walk around class but when I am on my period, I just stay in class and so like to stay alone and ... it's like I think this thing is gonna smell so yeah. I would wear tights and skirts. Yho, I don't like skirts.

(Participant 10, grade 12)

The study findings suggest that menstruation causes girls to isolate themselves from others. The possible explanation for this is the belief and attitude that depicts menstruation as a taboo and something to be kept secret. Adding on, it can be attributed to fear by girls of others finding out and being laughed at (Atieno, 2007). These findings were consistent with the findings from a baseline survey report on menstrual hygiene management in Tanzania. The results revealed that girls like to isolate themselves from others because they fear that they might smell, and others may laugh at them (SNV, 2014). It is evident that negative connotation of menstruation (as bad, something shameful and unclean,) greatly impact and hinders girls from enjoying the functioning of participating in social interactions (Rosenberg, 2015). Often, young people that experience negative feelings, such as embarrassment or those that withdraw from others are at risk of experiencing depression or mental issues. Therefore, tendencies of isolating oneself during menstruation may gradually result in increased cases of depression amongst girls.

4.7.2.3. *School Environment*

4.7.2.3.1. *Limited Resources*

When asked about the condition of the toilets, most girls mentioned that there are inadequate toilets, yet there is a high proportion of girls and a few locks on the doors of the toilets. This makes it uncomfortable for the girls to use, especially to change pads. In addition, though the toilets are separate from boys, it was revealed that boys enter the girls' toilets to smoke.

Yes, but I don't feel comfortable to go, because the boys usually enter in girls' toilets. And last year there were these toilets that had no locks and they just enter the toilets and smoke.

(Participant 1, Grade 12)

They have doors but, some do not have locks. I don't go there. I wait up until after school then I go home to change.

(Participant 17, grade 11.)

I just sit and wait until... because before I come to school, I got to the toilet at home and do what I want to do. Then I make sure that I eat or drink nothing that would make me want to pee or go to the toilet at school.

(Participant 8, grade 12)

I actually don't change my pads in the toilets. They do not have locks and boys enter the toilets, so I don't feel comfortable going to change the pad there.

(Participant 6, grade 12)

The statements above show that most girls find it uncomfortable to change a pad or visit the toilet when menstruating. Most of the participants mentioned that they lack privacy in their own toilets. The school has few toilets and some of the toilet doors lack locks. This finding agrees with that found by Hennegan et al (2016), who measured the prevalence and impact of poor menstrual management in rural Uganda. The finding revealed that latrines did not have adequate doors and locks. This demonstrates the existence of period poverty, in terms of a lack of access to decent and appropriate sanitation hygiene facilities. This is a common concern in many schools in South Africa, especially in underprivileged communities (South African Human Rights Commission, 2018).

Most schools in these areas are subject to low levels of service delivery and do not have access to reliable and decent sanitation facilities. The underlying factors are the existence of rampant corruption and the prevalent inequality in the country. A lack of these facilities forces girls to stay at home when menstruating. If they are at school, they do not use the toilets, rather wait until they get home after school to change. According to Rosenberg (2015), being unwilling to use the school's toilets, means that girls worry during classes, on the possibility of experiencing leaks.

The lack of adequate sanitation facilities demonstrates the fact that girls' needs are not addressed in the provision of sanitary facilities (Wendland et al. 2017).

Girls also mentioned that they do not have facilities where they can wash, so they wash when they get home. Adding on, male students access the girls' toilets. This leads to a lack of privacy and makes it difficult for girls to change sanitary materials. Girls experience discomfort and consequently, avoid using the school toilets during menstruation. Noteworthy is that the lack of privacy undermines girls' rights and dignity as defined by Patel (2015), which is the notion of Social Development. The inability to fully enjoy the right to privacy also entails that girls are subject to capability deprivation. It can, therefore, be concluded that privacy, especially in changing sanitary materials is critical for most girls during menstruation and needs to be ensured. Based on the United Nations' definition of menstruation hygiene management which includes access to facilities to change and dispose of used menstrual materials, it is evident that there is inadequate menstrual hygiene management among girls at Fezeka High school (Kuhlmann, Henry & Wall, 2017).

4.7.2.3.2. Poor Facilities

The study findings showed that the school has toilets and bins for disposal of used sanitary materials. However, the toilets are usually messy and dirty.

Talking about hygiene, the toilets that we have are not very hygienic, uum, but half the fault is on the learners because they also don't use the toilets like wisely and hygienically but then the school doesn't clean the toilets much enough.

(Participant 7, grade 12)

They are terribly bad. I just don't know, even if you feel like maybe going to change your pad like they are stinking, they are dirty like. I just don't know, others just throw their pads at the floor.

(Participant 13, grade 12).

The narratives above show that girls lack access to clean sanitation facilities. Consequently, most girls change and dispose of their sanitary pads at home after school. A study by Birdthistle et al (2011), also found that in many schools, there is a lack of appropriate and clean sanitation facilities.

Often, inadequate, unclean and unsafe sanitation facilities are common in low resource communities (Muralidharan, et al., 2015). Though this is the case in most underprivileged schools where the school administration is negligent in maintaining hygienic conditions, it can also be attributed to the students' tendency to leave the toilets messy. The long-term implication for this is that girls are at risk of vaginal infections and reproductive tract infections (House, Mahon & Cavill, 2012). This has adverse effects on the socio-economic development of the country, where more women experience problems in having children and are less productive due to sicknesses.

4.7.3. Dealing with Menstruation

4.7.3.1. Coping Mechanisms

4.7.3.1.1. Use of Medication

When asked how they deal with these challenges, a variety of responses were given. In terms of period pains, most girls reported that they use medication and some just stay at home until the pain subsidizes. A few girls reported taking the contraceptive injection so that they miss their menstruation for a period of time.

Here in high school, I actually avoided missing school. I actually come to school and take some painkillers.

(Participant 6, grade 12)

Aah that one, I use pills, Neurophen, Yeah. They help me a lot.

(Participant 5, grade 12)

Sometimes when I am in my periods and I feel like wearing pants, and then I can't because the pad will leave a mark. I think I like to overreact and think what people will be saying. But now, I go to the clinic and get an injection and I don't get my period.

(Participant 10, grade 12)

Mmh, I always have pads, I have them now. Just that I don't period anymore because of preventing what, preventing of pregnancy. Clinic stuff. I take pills to prevent period.

(Participant 12, grade 11)

The findings show that girls use medication to relieve menstrual pain. Commonly used painkillers include Aspirin and Neurofen. The girls access this medication from home. Some girls mentioned that they use contraceptives as a coping mechanism that prevents them from experiencing menstruation.

According to Simavi (2018), there are different kinds of contraceptives such as pills which do affect the menstrual cycle. Girls' use of contraceptives to prevent menstruation reflects a number of things: firstly, that girls are misinformed and misguided about menstruation and get influenced by their peers to use contraceptives; secondly, it shows that girls have a negative attitude towards menstruation and the challenges they experience; and thirdly, that they prefer not experiencing it at all. Though the girls use contraceptive pills in preventing menstruation, it is not recommended as these have long term negative effects such as excessive or irregular menstruation (Hicks & Rome, 2010). It may also lead to complications related to childbirth, later in life.

4.7.3.1.2. Dress

Regarding leaks, the girls mentioned that they prevent them by wearing many clothes and putting a coat around their waist. The girls also reported that they constantly check their skirt or ask a friend to check if there are any menstrual stains.

Sometimes, I would wear a lot of clothes like maybe I would wear my panties, tights, my leggings on, then school trousers on the top. I would wear a lot of clothes so that even if I leak, it should not really get on the chair.

(Participant 13, grade 12).

Yho, it was so embarrassing. I just put my jersey at the back so that someone shouldn't see me. It was too uncomfortable.

(Participant 1, grade 12).

From the discussion above, it can be deduced that dress is critical as far as menstruation management is concerned. Girls find safety in wearing many clothes as they provide an extra layer of protection from staining their uniforms. The color of the clothes also matters, and most girls prefer wearing darker clothes than bright ones when menstruating. These help in hiding menstrual leaks. Furthermore, girls constantly check themselves or ask a friend to check their skirts or pants.

This is disturbing for most girls, especially when they are in class since they are more conscious of themselves and they constantly check their skirt for leaks. This finding was in accordance with that by McMahon et al (2011) where it was revealed that girls wear many things to prevent leaks. A possible explanation for this is that menstrual leaks cause embarrassment and shame. This is because of the stigma that is associated with menstrual leaks (Baseline survey report on menstruation hygiene management, 2014). It is clear from this that girls go to greater lengths to hide their menstruation and to avoid others finding out. This may be a source of distraction for them in class, where a lot of attention is directed towards preventing others from finding out that they are menstruating.

4.7.3.1.3. *Space and Sitting Arrangements*

Girls also mentioned that when in class, they sit in a particular way that is different from the way that they would normally sit when they are not menstruating in order to prevent themselves from staining the chairs.

(laughs). I prepare myself. Sitting properly at the chair and check every time when I stand on the chair. Or ask my friend to check if I have anything and they say no its fine.

(Participant 3, grade 12)

When I am sitting at school, in class, I sit like this (demonstrates) so I don't mess my skirt, so even if I am standing up, I am fine. But it's uncomfortable because you have to check when standing up in case, I have messed the chair.

(Participant 10, grade 12)

The findings reveal that girls come up with different coping mechanisms in dealing with menstruation. These strategies are based on personal preferences, availability of resources, beliefs, and the knowledge they have about menstruation (Kaur, Kaur, & Kaur, 2018). Girls change the way they sit in order to prevent leaks and do not walk or stand as much to prevent others from seeing their imagined or actual menstrual leaks. This still speaks to the fear of embarrassment which is a result of the stigma that is associated with menstruation.

4.7.3.1.4. Using Outside Facilities

The findings also revealed that girls cope by using outside facilities to change their sanitary pads. Girls mentioned that they sometimes visit the toilets that are outside their school in the nearest sports complex to dispose of used pads. This is as a result of being exposed to unclean toilets at the school. However, this has some implications. It may disturb girls' learning as they sometimes go out of the school premises during class time to change a pad. From these findings, it is evident that menstrual hygiene management in poorly resourced schools is challenging for most girls and they end up developing coping mechanisms that affect their learning. This reflects the lack of commitment by the school to promote girls' wellbeing. It is possible to question whether the school is helping in empowering girls and dealing with period poverty.

4.7.4. Menstruation and Education

4.7.4.1. Negative Impacts of Menstruation on Education

4.7.4.1.1. Absenteeism

Most girls reported that they do not miss school due to menstruation. Only a few girls reported having missed a day or two of school due to period pains. It was revealed that their parents are strict on issues to do with school and they do not allow them to miss school.

I do that when I am having period pains. I do, but eem I never miss school because of periods cos I have to study like I have to be at school. So, it is not an issue. It's not an excuse I still come.

(Participant 12, grade 12)

No. My mom doesn't like that. If we are done writing, she says "go to school" aayi.

(Participant 10, grade 12)

No no no. Education is important for my family. No, I don't miss school when I am in my period.

(Participant 17, grade 12)

The findings show that most girls do not miss school during menstruation. This finding is not consistent with that found by Scot et al, (2009) & Sommer (2013) which showed that many girls miss 2-3 days of school during menstruation, and sometimes leave school early because of

menstrual pains. A possible explanation for this difference in findings is the differences in the context and background. All the participants in this study indicated that their mother or grandmother do not allow them to miss school because of menstruation. Adding on, the mother or guardian constantly supplies sanitary pads and medication to the girls for easing menstrual pains. This enables them to attend school comfortably and reduces the potential of missing school. Parents and guardians play a critical role in supporting the girls to go to school during menstruation.

4.7.4.1.2. *Effects on Class Attention and Participation*

When asked how menstruation affects schooling, most girls reported that they become very quiet, and less active and attentive in class when they are menstruating. In most cases, girls lay on the desk or leave the classroom because of menstrual pains.

A lot. because like we aren't the same, other days, you find I come to school on my periods...but it will be the same cos maybe I won't participate, or I would feel that way till the end of the school. So, at the beginning I wouldn't have come to school like, it would have been the same cos I didn't participate, I didn't do anything, I was scared to even stand up. I wasn't talking, I wasn't listening, I was bored and all. So, It's a very big concern at school.

(Participant 9, grade 12)

It makes me feel uncomfortable. I become quiet in class and most of the time, when I am on my menstruation, I have pain in my stomach, so I can't concentrate properly.

(Participant 2, grade 12)

The findings suggest that menstruation has an impact on girls' education. This is linked to feelings of tiredness, abdominal cramps, and dizziness. These physical changes associated with menstruation make it difficult for girls to concentrate and actively participate in class. This is consistent with the findings by Sommer (2013), which revealed that during menstruation, most girls do not participate in class because they feel tired and eventually, their performance is affected. It can, therefore, be concluded that despite being a natural process, menstruation poses challenges to girls' learning. Adding on, it also affects the realization of SDG 4, which is, the education goal.

Furthermore, instead of fighting gender inequality, it is being perpetuated since girls' learning is affected in one way or the other (Sunday Independent online, 2019). This has a bearing on the social and economic development of the country.

4.7.5. Social Support

4.7.5.1. School Friendships

4.7.5.1.1. *Emotional and Physical Support During Menstrual-related Emergencies*

When asked who they talk to about menstruation at school, most girls mentioned that they confided in their school friends. It was also revealed that friends help during emergencies such as leaks; they provide a pad, or constantly check one's skirt when they are standing up in class.

So, I was in class, it was business class, So I noticed like something, the chair was watery and stuff. But I ignored it, its cos I just thought I was okay. And then one of my friends said aah "there is blood on your chair". I was like "what?" like everyone was making a lot of noise, the class was noticing and stuff. Therefore, two of my friends, they both came and sat next to me then we waited for the whole class to go out.

(Participant 11, grade 12)

...But I do fear that maybe I will mess up my skirt. Especially on the first day yho! I ask my friend to check my skirt, I do that.

(Participant 19, grade 11)

I was not like much in a shock because I had a friend who was already doing her menstruation, but I was too afraid to tell so a couple of days went by and by, so, I couldn't tell. I told my friend that I am on my period and stuff and then she gave me some pads and stuff. But keh, I eventually told my mother.

(Participant 12, grade 11)

From the quotations above, it is apparent that friends play an important role in preventing and managing menstrual leaks. Though menstruation is regarded as a very sensitive issue, girls are comfortable to talk to their friends about it and seek assistance. When girls start menstruating at school, they usually ask for a pad from a friend. Friends also offer support by constantly checking if there are menstrual leaks on one's skirt.

Most girls leverage on the support that peers provide during menstruation. They are comfortable to talk to them about menstruation as well as to seek help when the need arises. This is consistent with what Burrows & Johnson (2005) found. It is clear that school friendships are important and act as a strong support system for girls during menstruation. It can, therefore, be concluded that peer relationships help girls' learning and individual functioning as explained by Sen (1999). This is because the support they offer makes it easier for the girls to cope with menstruation and to stay in school.

4.7.5.2. Teacher and Student Relationships

4.7.5.2.1. Lack of Communication on Menstruation Hygiene Management

When asked about how the teachers support girls during menstruation, it was mentioned that the teachers barely talk about the issues concerning menstruation and the girls are not comfortable to tell the teachers about menstruation. Only a few girls reported that sometimes when they start menstruating, they tell their teacher.

Yes, our teacher of Life Orientation they do that yeah. And sometimes they deal with those people who deal with 'always' and they always have pads for in case someone starts here.

(Participant 10, grade 12)

They shouldn't like, maybe, I don't know cos we all experiencing like our periods, I think they shouldn't make jokes about it because others like we don't feel well, we even scared to tell them, maybe I will end up menstruating on my chair because I am scared to go and tell my teacher that I am on my period. Maybe even if they want to make fun of it, they shouldn't do it around us. Where we see them, maybe they should talk alone you know. Yeah.

(Participant 13, grade 12)

As I said, the teachers don't talk to us about menstruation here. We only hear about menstruation class in Life science. When the teacher is teaching Life Science.

(Participant 1. Grade 12).

The findings show that teachers are not very supportive of menstruating girls. This is demonstrated in their inability to talk to girls about menstruation hygiene management. The teachers are too shy to talk to girls about menstruation. This can be attributed to the sensitive nature of the topic.

In addition, some teachers may feel like it is not their role to teach girls on the topic. Similar findings were found in a study by Sommer (2013). Many teachers, both males, and females were too shy to talk about sexuality and issues to do with menstruation to their students. The implication of this is that girls have insufficient knowledge of how to manage menstruation and how to ensure better menstruation practices (Sommer, 2013). It has also resulted in girls' inability to openly talk about menstruation and to hiding their menses from the teachers because they feel uncomfortable and afraid. It can, therefore, be concluded that the teachers are unsupportive to menstruating girls and there is a lack of adequate health education programs at the school, especially on menstruation hygiene management. This is problematic because girls spend considerable time at school, and they need the teachers' support in order to deal with the stigma that is associated with menstruation. Menstruation is often associated with feelings of fear, shame, and embarrassment. Talking to teachers about it and getting advice from them would help in dealing with these feelings and reducing the stress that girls experience during this time. It would also empower them to make informed choices in maintaining good hygiene practices (Chin, 2014).

4.7.5.3. School Administration

4.7.5.3.1. Provision of Sanitary Materials

The researcher sought to find out about the support that the school provides to the girls that are menstruating. The findings revealed that the school provides one or two emergency pads to girls who start menstruating and have no pads. Sometimes, the school gets donations of pads from different organizations, working on programs on menstruation.

No, it's just one pad to use then. But you tell them if you don't have the whole pack back at home. Then you tell them, and they will give you a packet, sometimes yeah.
(Participant 3, grade 12)

Yes, she said I must come to the administrative secretary, to ask for pads.
(Participant 19, grade 11)

No, before we closed this year, it was the school. The teacher that teaches English, called all the girls and gave them pads. But they were bought by the municipality.
(Participant 3, grade 12).

From the narratives, it can be deduced that the school supports the girls by providing pads to those that start menstruating whilst at school. The girls mentioned that the school distributes these pads to girls either as one singular emergency pad or as a packet of pads occasionally. This finding is consistent with findings from a study by Rosenberg (2015) and Shah et al (2019), who found that most of the girls that used disposable pads, received them for free from school, supplied by the government. The only difference is that, in this study, the girls indicated that sometimes, different organizations come to donate the pads to the school. Some girls also reported that the school has a sickbay where girls experiencing menstrual pains are referred to for rest. These examples demonstrate the efforts of the school system to improve MHM at the school. It also shows the collaboration between the school and other organizations in creating a conducive environment for menstruation hygiene management for girls.

4.8. Recommendations

The participants made several suggestions regarding what the school should do in supporting menstruating girls. Among others, the girls suggested that the school should maintain clean and appropriate sanitation facilities, with enough locks on all the toilet doors. The girls also voiced out their concern about boys entering the toilets, and said, the school should ensure privacy by chasing the boys from the girls' toilets.

They should give us pads. Add the pads they give us. They should talk about this menstruation thing and tell them about what...okay they must tell more about menstruation, I guess. Yeah.

(Participant 1, grade 12).

I think uum, every class should make teachers talk to girls, even if it's 30 minutes to talk about menstruation yeah. Or if someone is in period, they must talk to her.

(Participant 10, grade 12)

...like teachers should address this issue like they should tell them to use their toilets. Or if, whenever I see maybe a boy in our toilets, like, I should go and report. They should give us our privacy. They shouldn't get in our toilets. Even our doors should get locks. So, you'd lock yourself, maybe when you are using the toilet.

(Participant 13, grade 12)

The narratives above demonstrate the concerns that girls have regarding menstruation whilst at school; the lack of privacy, inadequate communication on hygiene management and unhygienic sanitation facilities. Girls recommended that the school should always ensure that the toilets are clean and have adequate locks.

They also mentioned that privacy should be improved by dealing with the issue of boys entering girls' toilets. Some girls recommended that the school should be providing sanitary materials to girls who are not able to afford the materials on a monthly basis. Sommer (2013), who conducted a study in Tanzania also found that most girls' desire was having adequate doors and locks and having bathroom cleaning supplies to ensure that the toilets are always clean. It is clear that privacy, decent and hygienic sanitation facilities are important as far as menstruation hygiene management is concerned. A lack of these in the school context makes the menstruation experience uncomfortable and unbearable for girls.

4.9. Conclusion

The findings suggest that girls are aware of menstruation before the first onset. The mother and grandmother were the commonly mentioned source of information. The study further showed that most girls use sanitary materials. These are supplied by the mother or grandmother. Girls experience several challenges during menstruation, including- feelings of discomfort due to fear of leaks; experiencing menstrual leaks; physical discomfort (especially, period pains and tiredness); boys accessing girls' toilets leading to a lack of privacy and dirty toilets. This makes it uncomfortable for girls to change pads in the toilet that they prefer to stay without changing sanitary materials until they get home. The findings further showed that most girls do not miss school during menstruation. However, their class participation is affected because of discomfort and period pains. The findings showed that girls cope by wearing many clothes to prevent leaks; constantly checking their skirts; sitting differently on their chairs and taking contraceptive pills. Friends were found to be the great social support system for girls during menstruation. The girls recommended that the school ensures clean toilets and chases the boys away from the girls' toilets to ensure privacy.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter presents the main conclusions drawn from the study and recommendations made. It will begin with the overall conclusion of the study; chapters one to four. Following this, it will provide a conclusion of the major findings that will be linked to the objectives of the study and the theoretical framework used. The chapter will also provide recommendations on improving menstruation hygiene for girls.

5.2. Overview Of The Study

In the first chapter, the study context was presented so as to get an understanding of menstruation hygiene management among high school learners. The study aims and objectives were provided, and the significance of the study presented. The objectives of the study were: to explore girls' experience of menstruation management in the school context; to examine the challenges faced during menstruation; to explore mechanisms put in place to cope with menstruation; to investigate support service available at school and home for menstruating girls. Inorder to meet these objectives and to get a subjective, in-depth understanding of the phenomena, the following questions were asked to the participants in a one to one interview: what are the experiences of girls in menstruation hygiene management; what are the challenges that they face; how do they cope with the challenges faced and what support services are available for girls during menstruation. Adding on, a literature review was presented on related studies conducted both locally and internationally. This was used as a basis for comparison with and verification of the study findings.

The value of the study findings is that it would contribute to existing literature; it would be a basis for future research and that understanding menstruation hygiene management experiences would inform policymaking in relation to reproductive and health. The chapter also clarified relevant concepts such as menstruation, menstruation health and menstruation hygiene management.

The second chapter provided a discussion of the theories that are related to the study, two theoretical frameworks were used; the Capability Approach (by Sen and Nussbaum) and the Social Development approach (by Patel). These theories emphasize on increasing people's opportunities to lead the kind of life that they desire and enhancing their wellbeing. The chapter also sets out the legislation linked to the study, namely, Chapter 1, section 29 of the constitution of South Africa and the Sanitary Dignity Policy Framework.

The third chapter presented the study methodology. The study employed a qualitative design. Nineteen female students in grades 11 and 12, aged between 17 to 21 years were purposely selected. Qualitative data were collected using face to face interviews and this was aided by an interview guide. The chapter also described the data analysis process, (where Tesch (1990) steps of data analysis were used) data verification, and study limitations.

Chapter four presented the findings and a discussion of these findings. The summary of the chapter is presented below according to the objectives of the study.

5.3. Summary Of The Major Findings

The study came up with the following results.

Experience of Menstruation Management

The findings showed that girls experience their first menstruation at different ages. The age ranges from 12 to 15 years. Girls are aware of menstruation before they start, they get this information from sisters, school, and friends. However, they react with fear and anxiety at the first onset of menstruation. This shows the inadequacy of the information on menstruation received. The grandmother or the mother is the first person to be told about the first onset. The mother and grandmother are the commonly mentioned source of information on menstruation, followed by friends. The information provided emphasizes what menstruation is about, that it signals maturation and also the expectations it presents to make some adjustments in one's behavior. The girls also learn about menstruation in a Life Sciences class, however, the subject does not include menstruation hygiene management lessons.

Sometimes, different organizations come to the school to talk to the girls about menstruation. This information supplements the information that they get from their mother or guardian and friends. Most girls understand menstrual hygiene management as cleaning the vagina, changing sanitary materials and the frequency with which to do this. Most girls described their menstruation hygiene management practices as including, washing in the morning, wearing a pad and changing the pads frequently to avoid smelling bad. Most girls use sanitary pads. This is based on the comfort and availability of sanitary pads. Mothers and grandmothers play a role in supplying sanitary materials every month. A few girls, however, use cloth on the days they cannot afford pads.

5.3.1. Challenges Faced During Menstruation

Girls experience changes in personal functioning and peer relationships. Under personal functioning, most girls experience a change in emotions. They have mood swings, become irritable and angry when menstruating. Girls also become more self-aware and feel uncomfortable when at school because of fear of staining their uniform or the chair. They constantly check themselves, fearing that others will see the menstrual leaks and will laugh at them. Most girls feel a sense of responsibility after menarche. This is mostly based on what their mothers and other female relatives advise them. Furthermore, they experience physical changes such as stomach cramps, tiredness, and vomiting during menstruation. These affect their class participation and overall functioning both at school and at home.

Under peer relationships, girls experience changes in their patterns of social interaction when menstruating. Most girls exhibit tendencies of avoiding interacting with others during menstruation. This is as a result of a change in emotions that occurs during menstruation and fear of others knowing and being ridiculed. The other challenge was the experience of menstrual leaks and public shame by boys because of these leaks. Boys make fun of girls when they suspect that they are menstruating or when they experience leaks. This causes feelings of embarrassment amongst girls and being uncomfortable to stand or walk-in class.

Another challenge experienced is girls being exposed to limited resources and poor facilities. It was found that there is a lack of sanitation hygiene facilities, such as toilets and washing facilities at the school. Furthermore, some of the toilets have no locks.

The toilets are usually dirty, and it makes it difficult for the girls to comfortably change used sanitary materials. The results also showed that there is a lack of privacy in the toilets as boys sometimes access the girls' toilets to smoke. This makes girls refrain from using the toilets, rather, wait to change at home after school.

5.3.2. Dealing with Menstruation

Several coping mechanisms were mentioned. First, girls take medication to relieve menstrual pains. Some take contraceptive pills to prevent themselves from experiencing menstruation. Second, they wear many clothes to prevent leaks. Most girls put a coat around their waist to prevent others from seeing whenever they experience leaks. Third, they change the way they sit and pull their skirts up when sitting to prevent staining the chair. Girls constantly check their skirts or ask a friend to check when they are standing up in class. In terms of discomfort in using the school unhygienic toilets, most girls wait until they leave school to change their sanitary materials. At times they go outside the school premises to use the toilets in the nearest sports center.

5.3.3. Menstruation and its Impact on Education

The findings showed that most girls do not miss school during menstruation. The common explanations were that their parents do not allow them to miss school during that time and that they take medication to relieve discomfort during menstruation.

However, most girls reported that class participation is affected when menstruating. They are less active, do not talk much and are less attentive.

5.3.4. Social Support

The findings showed that friends are a great social support system that menstruating girls have at school. This is especially in preventing leaks and during leaks. Friends provide pads during emergencies and hide one's leaks from the other students. However, the results also revealed that most girls are afraid to tell their teachers about menstruation. Adding on teachers are less supportive, as they do not talk to the girls about menstruation hygiene management. Nevertheless, it was found that during emergencies such as leaks, some girls tell their teachers so that they can be excused from class.

The findings also revealed that the school administration provides a pad or 2 to girls that starts menstruating at school and have no pad on them. Occasionally, the school partners with different organizations, who come to donate pads to the girls and speak about menstruation. The school also has a sick bay where girls that are experienced period pains are referred to, to get some rest.

5.4. Conclusion

It was concluded that at the first onset of menstruation, girls experience fear and anxiety. This is because of inadequate information about menstruation before menarche. During menstruation, most girls' class participation is affected because they experience menstrual pain. Adding on, they experience discomfort due to fear of leaks. When they experience leaks, it leads to shame and embarrassment, especially when the other students notice. However, when girls experience leaks, they often, get a pad from the school administration. This shows the support that the school provides to menstruating girls. The study showed that girls scarcely talk to their teachers about menstruation because of fear but prefer to talk to their friends. This is because the teachers do not talk to girls about menstruation and the girls find it easier to confide in someone they trust at school, which is usually the peers. The lack of communication between the girls and their teachers results in a lack of knowledge of menstruation hygiene management. Girls get this information from their friends and mothers; however, it is not always enough. Based on this finding, it was recommended that menstruation hygiene management be included in the curriculum.

5.5. Recommendations

Based on the conclusion, the following recommendations are made:

5.5.1. The School

- Mainstreaming menstruation hygiene matters in the curriculum or teachers constantly having talks with the girls on MHM.
- There is a need for introducing a feminine hygiene section for the female students on campus so that they have space where they can comfortably deal with leaks.
- Installation of locks on all toilet doors.

- Provision of painkillers to menstruating girls that experience menstrual pain whilst at school.
- Provision of adequate and good hygienic sanitation facilities for girls. According to Rosenberg (2015), having safe and good quality facilities can ensure that girls attend school comfortably, thereby, expanding their educational and health opportunities. It is worth noting that it's not enough to have sanitation facilities, but also to maintain the cleanliness of the facilities. This will ensure the wellbeing of the girls.

5.5.2. Learners

- To learn to keep track of their menstrual cycle so that they are always prepared and have sanitary materials when they start menstruating whilst at school.
- To be more open with their teachers about their menstruation experiences.

5.5.3. Teachers

- Provision of information about menstruation hygiene management not only to the girls but also to male students in order to break the stigma that surrounds it.

5.5.4. The Government

- Inclusion of menstrual hygiene in the disease prevention policies in order to limit the risk of infections due to poor menstrual hygiene.
- Building confidence and capacity of the teachers (through training) to teach students about sexual and reproductive health, especially on menstruation hygiene management.
- Awareness programs on menstruation so as to break the silence and taboos surrounding menstruation.

5.5.5. Recommendation for Further Research

This study engaged with 19 girls. The sample is small, and it may not be a complete representation of the girls' menstrual management experience at Fezeka high school. It is recommended that a study be conducted on a larger scale. The study should include both boys and teachers so their perspectives on menstrual management are captured. Adding on, this study was not able to establish good and poor menstrual hygiene practices, therefore, a study should be conducted focusing on this so that the results can help in improving menstrual hygiene management.

The findings also revealed that there are inadequate hygienic sanitation facilities. This causes girls to stay for a long amount of time without changing sanitary materials. This lack of privacy and the inability to change pads when they need to change them undermines girls' right to dignity. This puts girls at risk of vaginal infections, which may, in the long run, lead to reproductive tract infections. Consequently, it undermines girls' bodily health; an important capability as defined by Nussbaum and may also affect overall social and economic opportunities for girls. Based on this finding, it was recommended that the school administration improves the conditions of sanitation facilities (toilets) and ensure privacy by putting locks on doors and preventing boys from accessing the toilets. The study findings will contribute to the Social Development field and will help in creating more understanding of menstruation hygiene management in relation to education.

CHAPTER SIX

6.1. Reference List

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APPENDIX A CONSENT FORM

UNIVERSITY OF CAPE TOWN



FACULTY OF HUMANITIES
DEPARTMENT OF SOCIAL DEVELOPMENT

REQUEST FOR PARTICIPATION & CONSENT FORM

Date:

Name of Researcher: Tereza Chiramba

Student number: CHRTER004

This research forms part of the qualification for a Master's degree in the Department of Social Development at the University of Cape Town.

Title of Study:

A qualitative exploration of menstruation hygiene management among high school learners; The case of Feseka High School.

Objectives of the Study:

- To explore girls' experience of menstruation management in the school context
- To examine the challenges faced during menstruation
- To explore the mechanisms that girls put in place to cope with menstruation
- To investigate support services available at school and home for menstruating girls

Please read the following and sign if you agree to participate in this study.

Research Procedures: I understand that I will be participating in an interview process to explore girls' experience of menstruation management. Confidential face to face interviews will be conducted on the school premises and at the times suitable for the students. Each interview should last for about 45 minutes. Participation in the study will be voluntary and information from this study will be used for academic purposes only.

Risks and Harm: There are no foreseen risks or harm in participating in this research. However, in the event of any emotional distress by a participant, the researcher will make a referral for appropriate assistance.

Benefits/Incentives: I understand that this research will not benefit me directly and that I will not be paid for agreeing to do this interview. However, through my participation, the information gathered will provide important information on menstruation hygiene management in the school context.

Participant's Rights: I understand that I am free to withdraw from participating in this study at any time, without giving any reason and that there are no consequences should I decide not to participate at any stage.

Confidentiality: I understand that the interview process will be kept strictly confidential and that information will be available to the researcher and the supervisor. Extracts from the interviews will be included in the final research report without anyone being able to link my quotes to my identity. The final report will be examined by an external examiner and the findings will be made available to participating agencies. Under no circumstances will my name be revealed in the report or any other publications related to this research.

I understand that if at any time I would like any additional information about this research, I can contact the research supervisor, ~~Dr. Somaya~~ Abdullah telephonically at 021 650-4219 or by email at somaya.abdullah@uct.ac.za

I confirm that I have read this consent form or researcher has read it to me and that the study has been explained to me. I voluntarily participate in this study

Signature of Participant

Date (dd/mm/yyyy)

Signature of Researcher

Date (dd/mm/yyyy)

APPENDIX B

INTERVIEW GUIDE

SEMI-STRUCTURED INTERVIEW GUIDE:

A qualitative exploration of menstruation hygiene management among high school learners: The case of Fezeka High School

Demographic information

Age	
Grade	
Place of residence	
Who do you live with	
Age of first menstruation	

Tell me more about yourself and your family?

Experiences, perceptions, and knowledge about menstruation

Can you briefly describe that first experience of your menses?

How old were you when you experienced your first period?

How did that experience make you feel?

How did you see or think about it?

Who did you tell?

Does having menstruation affect how you feel about yourself?

What do you understand about menstrual hygiene?

Do you have access to information on menstrual hygiene?

How do you relate to peers about menstrual hygiene?

Sanitary Hygiene

Do you sometimes start your period at school?

How do you deal with it?

Do you have ready access to sanitary materials?

If no, how do you cope in school?

Has there been a time when you were not able to buy sanitary pads?

What was the outcome for you?

Are you able to afford sanitary pads now?

Challenges and coping mechanism

Menstruation wellbeing is a concern in schools, do you think it's a concern for you ?

What are the most important challenges you face during menstruation?

Is there a difference in your class participation and attendance between days that you are not menstruating and when you are on your period?

Does menstruation affect your class participation?

90

Does it affect your interactions with peers?

Are there any activities that your period makes you miss?

Have you ever experienced menstrual leaks at school?

If yes, how did you manage the leaks?

How do you cope with the challenges you mentioned during your period?

Sanitation facilities on school premises

What sanitary facilities do you have on campus?

Are the facilities adequate?

Do you find it easy to change sanitary materials whilst at school?

Which method of disposing of used sanitary materials would you prefer?

Why?

What would you suggest be improved as regards the facilities?

Support System

What support system do you rely on during menstruation?

Do teachers talk about menstruation in class?

Have you ever told your teachers about your period?

How did they manage or react to this?

What do you think teachers should do to support you during your menstruation?

Is there anything else you would like us to talk about that we haven't covered?

CLOSING

APPENDIX C

REQUEST TO CONDUCT RESEARCH



Tereza Chirambo
Department of Social Development
University of Cape Town
Private Bag X3
Rondebosch, 7702,
South Africa

Fezeka High School
Post Office box: 13,
Guguletu,
Heideveld, 7751

Attention: The School Principal

Request for permission to conduct research

Dear Mr /Ms

My name is Tereza Chirambo, and I am a Social Development Masters student at the University of Cape Town. An important component of my programme is to conduct a research project that explores a social concern related to social development. The research I wish to conduct is titled 'An exploration of menstruation hygiene management among high school learners'. The main objectives of the study are to explore girls' experience of menstruation management in the school context; to examine the challenges faced during menstruation; to investigate support services available at school and home for menstruating girls, and to explore the mechanisms that girls put in place to cope with menstruation. This project will be conducted under the supervision of Dr Somaya Abdullah (University of Cape Town) who is supervising my research.

I am hereby seeking permission and your consent to interview 20 grade 12 female high school learners to get their perspective and experiences on the matter as outlined above. I would like to conduct the study in April and the duration of the study will be for about five days.

I am hereby seeking permission and your consent to interview 20 grade 12 female high school learners to get their perspective and experiences on the matter as outlined above. I would like to conduct the study in April and the duration of the study will be for about five days.

Confidential face to face interviews will be conducted on the school premises and at the times suitable for the students. Each interview should last for about one hour.

The research is bound by the *UCT Code of Ethics Involving Human Subjects*. This code defines the limits of the research. It ensures the protection of participants as well as the organization and the communities where research is conducted. As such, participation in the study will be voluntary and if a participant would like to withdraw, they will be allowed to do so. Students who volunteer to participate, will be given a consent form to sign and return to the researcher before the beginning of the study. The researcher will also ensure that identity of the participants in the study is protected, thereby upholding the principle of anonymity. Furthermore, all information from this study will be used for academic purposes only, without compromising the school's integrity.

Once this research is completed, I will provide my Department with a bound copy of the full research report and you would have access to the findings of the study. This research would provide important information on a current issue that is affecting many female high school learners and I will appreciate your assistance in allowing me to engage with selected learners at your school to undertake this work.

Thank you and should you have any concerns I can be contacted on email at chrter004@myuct.ac.za. You may also contact my supervisor Dr Somaya Abdullah at 0216504219, email. Somaya.abdullah@uct.ac.za should you require any further details on the research.

APPENDIX D
ACCEPTANCE LETTER TO CONDUCT INTERVIEWS



Address : NY 2, Gugulethu
Cape Town
7800
Tel : 074 124 4833
E-Mail: fezeka.sec@wcgschools.gov.za

15 March 2019

Tereza Chirambo
Department of Social Development
University of Cape Town
Private Bag X3
Rondebosch
7702

Dear Ms Chirambo

Granting of permission to conduct research at the above mentioned school.

Your letter requesting permission and consent to interview 20 of our grade 12 female learners has been well received.

Permission is hereby granted for you to conduct the study as planned in April, for the duration of the five days you have planned it for.

Thank you for letting us know about the incorporation of confidentiality, volunteer participation and the signing of consent forms which together serve to ensure protection of the identity of participants.

Thank you once more for having chosen our school for conducting this kind of research which will serve to bring more light to some of the challenges faced by female learners.

Yours sincerely

Signature Removed

EZ Ngqukuvana
Principal

TRANSCRIBED INTERVIEW SAMPLE

A Sample of a transcribed interview

PARTICIPANT 13

Researcher: May you please tell me your name?

Participant 13: My name is Irene Sibanda

Researcher: How old are you?

Participant 13: I am 18 years old.

Researcher: Where do you live?

Participant 13: Here in Cape Town, I live in Crossroads, Gugulethu, it's not so far from here.

Researcher: Okay. Who do you stay with?

Participant 13: I stay with my mother, grandmother, my aunt and my younger brother.

Researcher: Okay. Does your mom work?

Participant 13: Yeah, she doesn't work like, how do I say? But she is selling, doing business.

Researcher: Alright. So, at what age did you experience your first menstruation?

Participant 13: I was 15 years old.

Researcher: So, what happened?

Participant 13: I was playing with my friends outside so the other one like hit me hard, I thought it was like a temporary pain I will be fine, then I kept on bleeding. Then I didn't tell my mother because she will think, I got involved in bad stuff or I slept with a boy. So, I was scared to tell my her you know that I am menstruating. I was scared but later I ended up telling her then she understood, and she started telling me that I should be doing this, and I shouldn't do that. That's how I started menstruating.

Researcher: Mmh. How did starting menstruating make you feel?

Participant 13: Yho, I was nervous, I was scared. I didn't want to tell anyone, like at first, I could stay somewhere where, one couldn't even see me. Yeah.

Researcher: Oh really, wow. So, are you able to talk to your teachers about period?

Participant 13: Usually when you didn't bring a pad along at school and you suddenly start your period. But it's not easy to tell others because they make fun of you like you know. You can tell other you feel like you should get help.

Researcher: So, when you started your period, did it change the way you saw yourself?

Participant 13: No, it didn't change

Researcher: What about your emotions?

Participant 13: But I think somehow when you are about to go to your period. Like you kinda have that... like you change. You don't feel good, like it's not the same, when I went to my period, I feel like, I was so tired, I didn't want to talk to people (laughs (, so, yeah, it changes how you feel.

Researcher: Okay. What about class participation, does it change?

Participant 13: It doesn't change, I don't like talking in class so there is no change

Researcher: Do you sometimes fear that maybe I have stained my skirt?

Participant 13: But sometimes, you don't want to be around boys because if you are smelling, maybe, they may know and judge you. Its not a normal smell of something, yeah.

Researcher: Okay. So, you do you tell your friends about your period?

Participant 13: Yeah. I tell my friend when I am on my period.

Researcher:(laughs) Okay. Has it ever happened that you started your period at school and you were not prepared?

Participant 13: Yes, it happened, then like I felt wet in class, I felt like yho! I have already messed you know the chair then, I went to my class teacher, then I was scared to tell her but like I did then she gave me pads. But like, I didn't feel well I was scared that maybe she would laugh at me or something.

Researcher: Oh wow. What sanitary materials do you normally use?

Participant 13: Pads

Researcher: Like, you have always used pads?

Participant 13: Yes, I always use pads.

Researcher: Okay. Has it ever happened that you wanted to buy pads, but you were not able to?

Participant 13: Yes. Because sometimes at the shop, you find that there are a lot of boys staring so you will be shy to buy pads (laughs), because maybe they like know that you are going on your period. You just say Confex or Always and they don't understand what you are talking about.

Researcher: (Laughs). Okay. Have you ever missed school because of periods?

Participant 13: Yes. Sometimes I can't even wake up because its cold, sometimes the periods are very painful, you can't even go to school.

Researcher: Mmh. So how many days in a month do you miss school because of your period?

Participant 13: It takes 2 days for me.

Researcher: Like this year, how many times have you missed school due to periods?

Participant 13: Mmmh last time, it was 2 days.

Researcher: Oh wow. So, do your teachers talk about menstruation?

Participant 13: I don't think so, but they give us pads. Maybe when other shops donated pads or maybe like the menstruation project has come to school, then maybe they can give us pads.

Researcher: Oh, so, sometimes you get free pads?

Participant 13: Yes, we get free pads.

Researcher: Is it the school or other shops that donate the pads?

Participant 13: It's not the school, It's the shops that bring the pads to the school.

Researcher: Okay. What are the main challenges that you face during your period?

Participant 13: Discomfort around people, uuum, moody, sometimes I get moody you know.

Researcher: Oh, so how do you deal with such challenges?

Participant 13: Most of the time I go to sleep, So, I won't be with people. Yeah, that's how I deal with it.

Researcher: Oh okay. What would you say about the condition of your school toilets?

Participant 13: They are terribly bad. I just don't know, even if you feel like maybe going to change your pad, like they are stinking, they are dirty like. I just don't know, others just throw their pads at the floor.

Researcher: Yho. So, do you feel comfortable going there to change a pad?

Participant 13: I don't like to go

Researcher: So, what do you do?

Participant 13: Sometimes I would make sure that it doesn't get filled up quickly, so that I would go and change when I am at home. Like it gets hard to go to such toilets and change, like, it doesn't smell good. Yeah and boys enter the toilet. Like boys and girls, are all smoking in the girls' toilets

Researcher: Oh. That's not nice. So, what do you think can be done about that?

Participant 13: There should be all the... like teachers should address this issue, like they should tell them to use their toilets. Or if, when ever maybe I see maybe a boy in our toilets, like, I should go and report. They should give us our privacy. They shouldn't get in our toilets. Even our doors should get locks. So, you'd lock yourself, maybe when you are using the toilet.

Researcher: Okay. menstruation is perceived as a concern for girls in schools. Do you share that concern?

Participant 13: A lot. because like we aren't the same, other days, you find I come to school on my periods... but it will be the same cos maybe I won't participate, or I would feel that way till the end of the school. So, at the beginning I wouldn't have come to school like, it would have been the same cos I didn't participate, I didn't do anything, I was scared to even stand up. I wasn't talking, I wasn't listening, I was bored and all. So, It's a very big concern at school.

Researcher: Mmh, so what do you suggest teachers should do to support girls that are menstruating?

Participant 13: They shouldn't like, maybe, I don't know cos we all experiencing like our periods, I think they shouldn't make jokes about it because others like we don't feel well, we even scared to tell them, maybe I will end up menstruating on my chair because I am scared to go and tell my teacher that I am on my period. Maybe even if they want to make fun of it, they shouldn't do it around us. Where we see them, maybe they should talk alone you know. Yeah

Researcher: Okay. If you happen to mess you chair, how does that make you feel?

Participant 13: Like I feel traumatised I don't know what to do, like sometimes, I feel like everyone saw me. I get really scared, like I could just leave school. Yeah. Like I feel like something big just happened like, I don't know who to tell, who to not tell, whether I should remain on the class, should I stand up like yea.

Researcher: Wow. So, what do you do to prevent leaks?

Participant 13: Sometimes, I would wear like a lot of clothes like maybe I would wear my panty, tights, my leggings and then school trouser on the top. Would wear a lot of clothes so that even if I leak, it should not really get on the chair.

Researcher: Alright. In terms of support, what do you suggest that teachers should do to support menstruating girls?

Participant 13: I think like they should do more of donating pads like they should give other people, we are not from the same background others like suffer a lot when it comes to buying pads. yeah.. Like maybe like each month, they should give those who are in need of it.

Researcher: Okay. Do you have any questions for me?

Participant 13: No.

Researcher: Okay. We have come to the end of the interview. Thank you for spending time with me.

APPENDIX F

ETHICS APPROVAL



Somaya Abdullah
Mon 2019/03/04 13:21
Teresa Chiramba V



Dear Teresa

Your ethics has been approved. Can we please tomorrow at 2pm to discuss you data collection

Regards
Somaya



Dr Somaya Abdullah
Senior Lecturer
Department of Social Development
Leslie Social Sciences Building
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Upper Campus
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Email: somaya.abdullah@uct.ac.za
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APPENDIX G

EDITORIAL LETTER



GET_HELP WRITING AND EDITING CENTRE

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Get_Help Centre
Lower Nursery Road Rosebank, Cape Town
7700

Language Quality Assurance Certificate

13th November 2019

TO WHOM IT MAY CONCERN

We hereby certify that the paper titled: **AN EXPLORATION OF MENSTRUATION HYGIENE MANAGEMENT AMONG HIGH SCHOOL LEARNERS: THE CASE OF FEZEKA HIGH SCHOOL, GUGULETHU** to be submitted by TEREZA CHIRAMBO has been thoroughly language-edited and is thus fit for submission / publication.

The certification is subject to the compliance of the alterations recommended by us in the text. Where these changes are made, we are satisfied that the paper holds an acceptable English language standard.

Signature Removed

Ruth Roosevelt
(Senior Consultant)
LLM (UCT)

LQA Certificate

Signature Removed

Timothy A. Ngalande
(Associate Editor)
MSc. (Stell.)

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APPENDIX H

APPROVED TURNIT IN REPORT

TURNITIN REPORT

chrter004:Thesis.docx

by Tereza Chirambo

Submission date: 15-Nov-2019 02:15PM (UTC+0200)

Submission ID: 1214389464

File name: 515_Assignments_1f791d02-998f-4e14-a6be-c22b4a6bc939_Thesis.docx (2.55M)

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**AN EXPLORATION OF MENSTRUATION HYGIENE MANAGEMENT
AMONG HIGH SCHOOL LEARNERS: THE CASE OF FEZEKA HIGH
SCHOOL, GUGULETHU**

Tereza Chirambo (CHRT004)



Supervisor
DR SOMAYA ABDULLAH

A Research project presented for the approval of Senate in fulfillment of part of the requirements for the degree of Master's in Social Development in approved courses and a minor dissertation.

Faculty of Humanities
Department of Social Development
University of Cape Town
November 2019

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Name: Tereza Chirambo (CHRTER004)

Signed: Signature Removed

Date: 15/11/2019

Name: Dr Somaya Abdullah

Signed: Signature Removed

Date: 15/11/2019